

HILLGROVE BANDS

Please return this information with your syllabus and other forms. We will keep this information in the band office for emergencies.

STUDENT NAME _____

DATE OF BIRTH _____ GRADE _____

CELL# _____ HOME# _____

FATHER'S NAME _____

WORK# _____ CELL# _____

MOTHER'S NAME _____

WORK# _____ CELL# _____

CONCERT BAND CLASS _____

INSTRUMENT _____

PLEASE LIST BELOW ANY MEDICATIONS THAT YOUR STUDENT TAKES ON A DAILY BASIS: _____

ARE YOU TURNING IN PRESCRIPTIONS/MEDS FOR US TO CARRY? _____

DOES STUDENT CARRY THEIR PRESCRIPTIONS/MEDS W/THEM? _____

NOTES/COMMENTS:

SPECIAL CONCERNS:

_____ ASTHMA

_____ FOOD ALLERGY

TO: _____

_____ DIABETES

_____ OTHER:

_____ SEIZURES

_____ DRUG ALLERGIES TO:

_____ INSECT STINGS:
