

THOMPSON HIGH SCHOOL BAND
Emergency Information
School Year: 2008 - 2009

To be filled out by parent ONLY

NAME: _____ BIRTHDATE _____ SSN _____

ADDRESS _____ ZIP _____

MOTHER'S NAME _____ FATHER'S NAME _____

HOME PHONE _____ HOME PHONE _____

WORK PHONE _____ WORK PHONE _____

***In an emergency, if parents cannot be contacted, NOTIFY:**

NAME _____ PHONE (DAY) _____ (NIGHT) _____

PREFERRED HOSPITAL _____

FAMILY DOCTOR _____ PHONE _____

ORTHOPEDIC DOCTOR _____ PHONE _____

ALLERGIES _____

SPECIAL CONSIDERATIONS _____

HEALTH INSURANCE INFORMATION

PRIMARY INSURANCE COMPANY _____

POLICY HOLDER'S NAME _____ POLICY NO. _____

FILING ADDRESS (if any) _____ PHONE _____

SECONDARY INSURANCE COMPANY _____

POLICY HOLDER'S NAME _____ POLICY NO. _____

FILING ADDRESS (if any) _____ PHONE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____