

**Lebanon Trail Band
Medical Emergency Information
School Year 2017 – 2018**

Student's Name

Date of Birth

SS#

Age

Grade

Parent(s) Name

Home Address

City, State, ZIP

Work

Emergency Contact

Relationship

Cell

Family Physician

Phone

Allergies and/or Special Medical Conditions:

Insurance Information:

Provider

Policy #

Phone

ID #

In the event of an emergency, does the LTHS Band Staff have permission to seek medical attention? ___ YES ___ NO

Parent Signature