

BRUIN BAND BOOSTERS
9200 Burke Lake Road
Burke, VA 22015
EMERGENCY CARE FORM

Student Name _____
Last First Middle Initial

Male ___ Female ___ Age ___ Date of Birth _____

Address _____

City _____ Zip _____

Phone _____

Primary e-mail address _____

Additional e-mail address _____

Parent Information:

Father's Name _____

Phone: _____
Daytime Evening Cell

Employment _____

Mother's Name _____

Phone: _____
Daytime Evening Cell

Employment _____

Health Insurance Plan _____

Health Insurance Phone _____

Policy No: _____

Primary Care Giver Phone _____

Person to Contact in Case of Emergency Other Than Parents

Name _____

Relationship _____

Address _____

City _____ Zip _____

Phone _____
Daytime Evening Cell

====> **please complete page 2**

Please list all medicines being taken by student:

(if none, write NONE here)

Please list all medicines student is allergic to:

(if none, write NONE here)

List any other problems such as reaction to bee stings, diabetes, epilepsy, motion sickness, etc.:

(if none, write NONE here)

The sponsor and/or chaperone of any trip/tour/rehearsal/camp has my permission to admit my son/daughter to the nearest doctor and/or hospital for medical treatment should the need arise while away from school. The hospital and/or doctor will have the permission statement as authority to treat and/or administer medication to:

Student's Name

Mother's Name (printed)

Father's Name (printed)

Mother's Name (signature)

Father's Name (signature)

Date: _____

Date: _____