



Lewis S. Mills High School  
SPARTAN BAND & COLOR GUARD



EMERGENCY MEDICAL FORM

Please Print or Type

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Mother Cell: \_\_\_\_\_ Father Cell: \_\_\_\_\_

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Town, City, Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Town, City, Zip: \_\_\_\_\_

In case of accident or serious illness, I request the school music department or it's representatives to contact me. If the music department or its representatives are unable to reach me, I hereby authorize the music department or its representatives to call the physician indicated below and follow his/her instructions. If it is impossible to contact the physician, the music department or its representatives may make whatever arrangements seem necessary.

Remarks: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Conditions: \_\_\_\_\_

\_\_\_\_\_

Local Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Other Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Par/Guard

\_\_\_\_\_  
Date