

BREMEN HIGH SCHOOL MUSIC DEPARTMENT  
EMERGENCY AND CONTACT INFORMATION

2024-2025

STUDENT LAST NAME

STUDENT FIRST NAME

**Please Print:**

Student name \_\_\_\_\_  
                          First  Middle  Last

Address \_\_\_\_\_  
                          Street  Town  Zip code

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent E-mail Address \_\_\_\_\_

Student E-mail Address \_\_\_\_\_

Student Cell Phone \_\_\_\_\_

Father/Guardian name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Mother/Guardian name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**IN CASE OF EMERGENCY AND NEITHER PARENT CAN BE REACHED, PLEASE LIST NAME AND PHONE NUMBER OF RELATIVE OR FRIEND WE MAY CONTACT.**

EMERGENCY NAME \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

**Medical Conditions (Please Explain):** \_\_\_\_\_  
\_\_\_\_\_

**Medication Student Takes On A Regular Basis (Please Explain):** \_\_\_\_\_  
\_\_\_\_\_

**Use the back of this form if any other explanation is necessary.**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of Choice \_\_\_\_\_ (EMT or Paramedic may override choice)

**I give my permission for my child to receive emergency medical treatment in case of illness or injury.**

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_