

MORRISTOWN-HAMBLEN HIGH SCHOOL WEST BAND
STUDENT INFORMATION SHEET

STUDENT'S NAME _____ INSTRUMENT _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____ TELEPHONE () _____

FATHER'S NAME _____ BUSINESS PHONE () _____

MOTHER'S NAME _____ BUSINESS PHONE () _____

NUMBER WHERE PARENTS CAN BE REACHED IN CASE OF AN EMERGENCY IF DIFFERENT FROM ABOVE _____

_____ HAS MY PERMISSION TO TRAVEL WITH THE
MORRISTOWN-HAMBLEN HIGH SCHOOL WEST BAND. HE/SHE WILL BE UNDER THE DIRECT
SUPERVISION OF THE BAND DIRECTOR. **EVERY EFFORT WILL BE MADE TO ENSURE THE
SAFETY OF THE STUDENT!**

DATE _____ SIGNATURE OF THE PARENT _____

HOSPITALIZATION INSURANCE: _____
(COMPANY) (POLICY NUMBER)

PLEASE LIST ANY MEDICAL INFORMATION THAT WE SHOULD KNOW ABOUT YOUR CHILD.
INCLUDE ALL ALLERGIES.

PLEASE LIST MEDICATIONS (AND REASONS FOR) YOUR CHILD IS TAKING. YOU ARE
RESPONSIBLE FOR NOTIFICATION OF CHANGES IN MEDICATION.

STATE OF TENNESSEE
COUNTY OF HAMBLEN

Before me, the undersigned, a notary Public of the State and County aforesaid, personally appeared
_____, Withwhom I am personally acquainted, or proved to me on the basis of
satisfactory evidence.

Witness my hand and official seal at office this the _____ day of _____, 20 _____.

NOTARY PUBLIC

My Commission Expires _____