

Registration Form

REGISTRATION FORM

Student's Name: _____ Date of Birth: _____

Home Address: _____

Father's Name: _____ SS#: _____

Father's Employer: _____

Phone Number (Day): _____ (Night): _____

Mother's Name: _____ SS#: _____

Phone Number (Day): _____ (Night): _____

Insurance Company: _____

Group Number: _____ Policy Number: _____

(Please provide picture of card front and back)

MEDICAL INFORMATION

Allergies: _____

Last Tetanus Shot (Year): _____ Existing Medical Problems or Comments: _____

Routine Medications: _____

Family Physician: _____ Office Number: _____

Operations Or Serious Injuries (dates): _____

Emergency Contact in case you cannot be reached: _____

Name: _____ Phone: (Day) _____

Phone: (Night) _____ Relationship: _____

GUARDIAN CONSENT FORM

This form must be signed in the presence of a notary public.

I, _____, as legal guardian of _____, authorize Eric Majors or designee to grant consent for emergency medical treatment for my child during my absence while on any school sponsored activity. I assume all financial responsibility for medical cost over and above my insurance benefits. I also grant for my child to travel with the Soddy Daisy High School Band on all organization sponsored field trips. I understand and accept that all precautions will be taken to insure the safety of my child.

Guardian

Notary Public at Large

My Commission expires _____

Date