

**BELLAIRE HS CHOIR
MEDICAL INFORMATION FORM
(PLEASE PRINT)**

Student: _____

DOB: ____/____/____

Parent(s)/guardian(s): _____

Address: _____

(street)

(city)

(zip)

Telephone: _____

(home)

(cell/work)

(home)

(cell/work)

Drug or food allergies: _____

Medical conditions: _____

Medications:

Dose:

Frequency:

IN CASE OF EMERGENCY

Physician: _____

Telephone: _____

Contact Name: _____

Relationship: _____

Telephone 1: _____

Telephone 2: _____