

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: _____



SCAN THIS QR CODE FOR A LINK TO A DIGITAL VERSION OF THIS FORM.
Parents must complete EITHER the handwritten form or the digital form.