

WALLKILL VALLEY REGIONAL HIGH SCHOOL CHOIR
Emergency Information Form

This form must be completed accurately before a student will be allowed to participate in the trip!

Please Print

Student Name: _____ Grade Level _____

Address _____

Home Telephone _____

Guardian Work numbers _____

Physician Name & Number

List the name of at least two relatives or friends who would assume temporary care of your child if you cannot be reached.

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Allergies:

Other Conditions:

X _____
Parent or Guardian Signature

In case of an accident or serious illness, I request to be contacted. If the school officials are unable to contact me, I hereby authorize the school official to call the physician listed on this form and follow their instructions. In the event that it becomes impossible to reach either party, I hereby authorize the adult bearer of this note and or the names of the persons listed on this form to give consent for medical treatment for my son/daughter as deemed necessary.