

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

Student: _____

DOB: ____/____/____

Parent(s)/guardian(s): _____

Address: _____
(street) (city) (zip)

Telephone: _____
(cell) (work)

_____ (cell) (work)

Drug or food allergies: _____

Medical conditions: _____

Medications:	Dose:	Frequency:

IN CASE OF EMERGENCY – CALL THIS PERSON!

Contact Name: _____

Relationship: _____

Telephone 1: _____

Telephone 2: _____