

**KELLER HIGH SCHOOL CHOIR
INSURANCE/MEDICAL INFORMATION SHEET
2020-2021**

NAME OF STUDENT _____ CHOIR _____

NAME OF PARENTS/GUARDIANS _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE # _____

CELL PHONE # (Student) _____

E-MAIL (Student) _____

CELL PHONE # (Mom) _____

E-MAIL (Mom) _____

CELL PHONE # (Dad) _____

E-MAIL (Dad) _____

Name, Phone, & Relationship of Another Contact Person: _____

Group Insurance Company: _____

Group Policy Number: _____

Insurance ID # _____

Insurance Contact Phone Number _____

Special Health Conditions – Please list all (Allergies, Diabetes, Epilepsy, Physical Handicaps, Etc.)

Medications (List all – both OTC and Prescription) _____
