

**WHEATON NORTH HIGH SCHOOL FALCON BANDS**  
**EMERGENCY INFORMATION & CONSENT FORM**  
2011 – 2012 SCHOOL YEAR

**PERSONAL DATA:**

STUDENT

Name: Last

First

Middle

Birth Date

Grade  
(11-12 School Year)

E-Mail

PARENT/GUARDIAN

Father

Mother

Name

Name

Address

Address (If different)

City, State & ZIP

City, State & ZIP (If different)

Home Phone

Cell/Pager

Home Phone

Cell/Pager

E-mail

E-Mail

**MEDICAL DATA:**

Allergies, Medication, or other Concerns:

Last Tetanus Shot:

\_\_\_\_\_ Date

**RELEASE:**

If emergency care should be necessary for my son or daughter I/We give permission to the WNHS band nurse/ chaperone to act in our behalf, should we be unreachable.

Signature

Name Printed

Date