

## Student Emergency Information Form

Music Teacher Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_