

SOA High School Orchestra Information Form

(PLEASE PRINT)

Student Information

Name: _____	Birthday: _____
Email address: _____	
Home Phone: _____	Cell Phone: _____
Employer: _____	
Work Phone: _____	Manager's Name: _____

Parent Information

Names: _____		
Address: _____	City: _____	Zip: _____
Email Address: _____		
Home Phone: _____	Cell Phone (Dad): _____	Cell Phone (Mom): _____
Employer (Father's): _____	Phone: _____	
(Mother's): _____	Phone: _____	

Emergency Information

<input checked="" type="checkbox"/> Please list two friends/relatives that will assume temporary care of your child if you cannot be reached:		
<u>Name</u>	<u>Phone Number(s)</u>	<u>Address</u>
1.		
2.		
<input checked="" type="checkbox"/> Please list any health condition such as heart disease, serious headaches, diabetes, severe allergies, eye or ear problems, or any chronic condition:		
Medications: _____		
Doctor: _____		Phone: _____
Hospital Choice: _____		
Insurance Carrier: _____		Policy #: _____
In case of accident or serious illness, the school has my permission to contact persons listed in my absence. The school also has my permission to contact and follow the instructions of the physician recorded on this sheet. If the physician is not available, I authorize appropriate care and treatment be rendered to my child by any physician and/or hospital. I will assume responsibility for the emergency care and/or transportation for said child.		
Parent/Guardian Signature: _____		Date: _____

Orchestra Class Permissions

Parents, please indicate preference to the following by circling the appropriate word and initialing each choice.	
<input checked="" type="checkbox"/> I give/do not give the orchestra director permission to video-tape my child. Initial: _____	
<input checked="" type="checkbox"/> I give/do not give the orchestra director permission to use my child's picture on the website. Initial: _____	

Thank you,

Sarah Fitzgerald

Cell Phone: 843-697-2290

Email: sarah_fitzgerald@charleston.k12.sc.us Website: www.soastrings.org