

**LEGACY HIGH SCHOOL CHOIR
INSURANCE/MEDICAL INFORMATION SHEET
2021-2022**

NAME OF STUDENT _____

NAME OF PARENT/GUARDIAN _____

ADDRESS _____

HOME PHONE # _____

WORK PHONE # (Mom) _____

CELL PHONE # (Mom) _____

E-MAIL (Mom) _____

WORK PHONE # (Dad) _____

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) _____
