

**LEGACY HIGH SCHOOL CHOIR  
INSURANCE/MEDICAL INFORMATION SHEET  
2023-2024**

**NAME OF STUDENT** \_\_\_\_\_

**NAME OF PARENT/GUARDIAN** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**HOME PHONE #** \_\_\_\_\_

**WORK PHONE # (Guardian 1)** \_\_\_\_\_

**CELL PHONE # (Guardian 1)** \_\_\_\_\_

**E-MAIL (Guardian 1)** \_\_\_\_\_

**WORK PHONE # (Guardian 2)** \_\_\_\_\_

**CELL PHONE # (Guardian 2)** \_\_\_\_\_

**E-MAIL (Guardian 2)** \_\_\_\_\_

**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)** \_\_\_\_\_

\_\_\_\_\_