

STUDENT PARENT INFO SHEET

STUDENT NAME: _____

GRADE AS OF CAMP: _____

STUDENT CELL #: _____

LIST ANY MEDICATIONS OR HEALTH CONDITIONS THAT WE NEED TO BE AWARE OF:

ANY ALLERGIES _____

STUDENT EMAIL: _____

PARENT NAME: _____

PARENT PHONE: (HOME) _____ **(CELL)** _____

PARENT WORK PHONE: _____

PARENT EMAIL: _____

HARRISON CENTRAL HIGH SCHOOL BAND

COMMITMENT TO EXCELLANCE