



## KBBA Student Information (Quick Reference)

Please legibly complete entire form so it can be used in case of an emergency! Update as needed!

**\*Student Name:** \_\_\_\_\_

Instrument: \_\_\_\_\_

Age: \_\_\_\_ DOB: \_\_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_

Email \_\_\_\_\_ Cobb County ID#: \_\_\_\_\_

**\*Guardian's Name:** \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone \_\_\_\_\_ Email: \_\_\_\_\_

Occupation / Employer: \_\_\_\_\_

**\*Guardian's Name:** \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address (if different): \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (if different) \_\_\_\_\_ Email: \_\_\_\_\_

Occupation / Employer: \_\_\_\_\_

**\*Alternate emergency contacts in the event Parent(s)/Legal Guardian(s) cannot be reached:**

Name/Relationship: \_\_\_\_\_ / \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ / \_\_\_\_\_ Cell phone: \_\_\_\_\_

**\*ANY ALLERGIES:** \_\_\_\_\_

**\*CURRENT MEDICAL CONDITIONS:** \_\_\_\_\_

**\*MEDICATIONS:** \_\_\_\_\_

**\*\*Attach a copy of student's insurance card\*\***