



Shaker Heights High School
Junior Council on World Affairs

SHHS

Student ID Number: (###-###)

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Member Information Form

Please fill out the following information so that we can keep our records up to date. Print legibly.

This form must be returned in order to attend a conference for the 2010-2011 school year.

First Name _____ MI _____ Last Name _____

Address _____ Zip Code _____

Birthday (MM/DD/YYYY) _____ Age: _____

Email Address _____ Contact Number/Cell _____

Class of: 2014 2013 2012 2011

of Years in JCWA: (0, 1, 2, or 3) _____

Mother's Name _____ Home Telephone: _____

Work Telephone: _____

Cellular Telephone: _____

Father's Name _____ Home Telephone: _____

Work Telephone: _____

Cellular Telephone: _____

Health Concerns: _____

Medications That Will Be Taken on Conference Trips

Medication: _____ Dosage: _____ For: _____

Medication: _____ Dosage: _____ For: _____

Medication: _____ Dosage: _____ For: _____

Student ID Number: (###-###)

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Medical Information

Physician: _____ Telephone: _____

Dentist: _____ Telephone: _____

Date of Last Tetanus Shot: _____

Insurance Co: _____ Policy Number: _____

Emergency Contact Information

Contact's Name: _____ Contact's Home Telephone: _____

Relationship to Student: _____ Contact's Work Telephone: _____

Contact's Name: _____ Contact's Home Telephone: _____

Relationship to Student: _____ Contact's Work Telephone: _____

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for 1) the administration of any treatment deemed necessary by a licensed physician or dentist; and 2) the transfer of the student to any hospital reasonably accessible.

Signature of Parent/Guardian

Date (M/D/Y)