

Birdville High School Band Emergency Medical Form

Student Name: _____
(Last) (First) (Middle)

Address: _____ Phone: _____
(Street) (City) (Zip)

Birthday: _____ Grade: _____ Instrument: _____

Father's Name: _____ Work Phone: _____ Cell phone: _____
(Last) (First)

Place of Employment: _____ Job Title: _____

Mother's Name: _____ Work Phone: _____ Cell phone: _____
(Last) (First)

Place of Employment: _____ Job Title: _____

Insurance Company: _____ Phone: _____

Name of Insured: _____

Employer of Insured: _____

Group Number: _____ Policy Number _____

Does the student have any health problems?

Diabetes: _____ Epilepsy: _____ Heart Trouble: _____

Asthma: _____ Drug Allergies: _____ Other (Explain) _____

Regular medications: _____

All prescriptions and medications must be in original bottle with student's name on label or printed on OTC bottles. Place bottles inside a plastic storage bag with student's name printed on it. During school activities and trips, medications must be administered by a chaperone.

Note: Acetaminophen, Ibuprofen, Aleve, Tums, upset stomach med, cough med, cough drops, Benadryl, decongestant, etc., will be available during trips.

Please circle the medications above that you DO NOT APPROVE for your child to receive. *Initial:* _____

If parents cannot be reached in case of emergency, please contact:

Name: _____ Phone: _____

Physician's Name _____ Phone: _____

Hospital preference _____

I hereby release Birdville High School, the Birdville ISD, its employees and its volunteer sponsors from any and all liability and responsibility in connection with accident or injuries to my child while the band is on any official function or trip. Should a medical problem arise, I grant the school officials and volunteer sponsor's permission to seek professional care for my child.

Parent Name _____

Signature of Parent or Guardian _____ Date: _____