



MEDICAL INFO / FIELD TRIP PERMISSION 2009-2010

Student's Name _____ Instrument/Section _____

DOB _____ Female Male Height _____ Weight _____

Names of Parents/Guardians _____

Address _____ City _____ Zip _____

Phone-Home _____ Work _____ Cell _____ Other _____

Emergency Contact:

Name _____ Phone _____ Cell _____

Student's Personal Physician _____ Phone _____

Hospital Preference _____

Insurance Carrier _____ Phone _____

ID# _____ Group# _____ Policy# _____

Date of Last Tetanus Injection _____

Does the student wear: Braces *Yes No* Glasses *Yes No* Contacts *Yes No*

Does your student have allergies? *Yes No*

If yes, to what? _____

Has your student had or currently have problems with any of the following?

Seizures *Yes No* **Heart Condition** *Yes No* **Excessive Bleeding** *Yes No*

Diabetes *Yes No* If yes, how is it controlled? _____

Asthma *Yes No* If yes, does he/she carry a rescue inhaler on person? *Yes No*

Other Medical Problems? Explain _____

Routine prescription medications taken:

Name: _____ how much _____ how often _____

Name: _____ how much _____ how often _____

Name: _____ how much _____ how often _____

Permission to give: Tylenol/Acetaminophen *Yes No*

Motrin/Ibuprophen *Yes No*

Benadryl/Diphenhydramine *Yes No*

This information is gathered by the Lake Travis Band Parents, Inc. to assist the directors and school district only. Lake Travis Band Parents, Inc. assumes no responsibility regarding the duties (if any) that arise by virtue of this form.

In an emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give the band director or his designee my permission to secure proper treatment including hospitalization, anesthesia, surgery, or injection for my child.

Signed _____ Printed Name _____ Date _____

I hereby grant permission for my child named above to make any and all field trips in or out of the limits of the Lake Travis Independent School District made by his/her grade or section under the auspices and sponsorship of Lake Travis Independent School District. Transportation will be provided by motor bus operated and insured as required by the laws of the State of Texas or public school transportation.

I further understand my student will be informed in advance of any proposed trip so he/she may inform me.

Signed _____ Printed Name _____ Date _____