

Lake Travis High School Band
Health Form-Fall 2008

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 _____