CINCO RANCH HIGH SCHOOL COUGAR BAND

Medical Information and Travel Permission

Please Print!!!

Student's Name_____ _____ _____
First Name M.I. Last Name

Sex (Circle one): M F Student's Date of Birth _____/_____/_____ Instrument/Guard _____

Home Address_____
Street City State Zip

Home Phone _____Student's Cell Phone _____

Father/Guardian's Name _____

Dad's Work Phone _____ Dad's Cell Phone_____

Mother/Guardian's Name_____

Mom's Work Phone_____ Mom's Cell Phone_____

Emergency Contact _____Phone _____Cell Phone_____

Physician's Name _____ Phone _____

Check the appropriate blanks:

Allergy to Food	yes_____	no_____	High Blood Pressure	yes_____	no_____
Allergy to Medication	yes_____	no_____	Joint Injury/Disease	yes_____	no_____
Other Allergies	yes_____	no_____	Kidney Injury/Disease	yes_____	no_____
Asthma	yes_____	no_____	Neck Injury	yes_____	no_____
Bleeding tendencies	yes_____	no_____	Rheumatic Fever	yes_____	no_____
Bone Injury/Disease	yes_____	no_____	Seizures/Convulsions	yes_____	no_____
Contacts/Glasses	yes_____	no_____	Sickle Cell Anemia	yes_____	no_____
Diabetes	yes_____	no_____	Skin Disease	yes_____	no_____
Epilepsy	yes_____	no_____	Surgical Operations	yes_____	no_____
Head Injuries	yes_____	no_____	Taking Medications	yes_____	no_____
Heart Disease	yes_____	no_____	Tuberculosis	yes_____	no_____
Hepatitis	yes_____	no_____	Unconsciousness	yes_____	no_____
Hernia	yes_____	no_____	Other_____	yes_____	no_____

Explain any "yes" answers _____

_____

Medical Treatment Authorization: Authorization is hereby given for medical treatment of the above named student. Such treatment will be administered only by a licensed nurse or doctor. I agree to accept responsibility for all doctor, hospital and medical expenses incurred. In case of injury or serious illness, I hereby grant permission for school employees to secure medical services for the student named on this form.

Insurance Company_____ Policy Number_____

Group Number_____ Insurance Company Phone Number _____

Travel Permission Agreement: I give my child permission to attend scheduled activities for CRHS band (see band calendar). I further give permission for my child to travel on KISD approved buses to and from activities. I will make certain that my child is on time for these activities and has transportation home at the designated pick-up time.

_____ _____
Parent/Guardian Signature Date Notary Signature Date

_____
Witness Signature Date