

SPRING WOODS TIGER BAND MEDICAL / TRAVEL FORM

Student Name _____
(print) Last First MI

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Parent/Guardian _____ Cell Phone () _____

Name and phone number of Relative _____ () _____

Relationship to student _____

Additional Emergency Contacts

Name _____ Phone () _____

Name _____ Phone () _____

List additional contacts on the back of this form.

Name of Physician _____

Physician's Phone () _____

Insurance Carrier _____ Phone () _____

Insurance Policy # _____

Important medical information (allergies, alerts, current medication, etc.)

May we administer aspirin to your child? Yes ___ No ___ Tylenol? Yes ___ No ___
Upset stomach medicine? Yes ___ No ___ Benadryl? Yes ___ No ___ Ibuprofen Yes ___ No ___

In the event of a medical emergency and if I cannot be contacted, I hereby give permission for my child to receive appropriate medical treatment. I also hereby release Spring Branch Independent School District officials, chaperones, and directors from any liability for any actions taken in the normal course of their duties. I also give permission for my child to travel with the band during the 2009-2010 school year.

Signature of Parent/Guardian _____ Students Birth Date _____

Date _____