



GOLDEN PRIDE

MEDICAL INFORMATION SHEET

(Please Print Clearly)

Name: _____ Age: _____ Weight: _____ Height: _____
(Last) (First) (M.I.)

Address: _____

City/Zip: _____ Home Phone: _____

D.O.B.: _____ Classification: _____

Mother: _____ Father: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Mother's Home Phone: _____ Father's Home Phone: _____

Alternate Adult Name: _____ Phone: _____

I hereby give my consent for the above student to participate in all school-sanctioned activities as a member of the Cleburne High School Band and travel with the band directors and/or other school representatives on any trip.

It is understood that even though precautions are always taken, the possibility of an accident still remains. Neither Cleburne High School nor the University Interscholastic League assumes any responsibility in case an accident occurs.

If in the judgment of any representative of the school, the above student should need immediate care and or treatment as a result of injury or sickness I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital, or school representative. Also, I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

INSURANCE COVERAGE

Insurance Company: _____

Policy Number: _____ Group in Name of: _____

Name of Parent who is the Policy Holder: _____

MEDICAL INFORMATION

1. List allergies to food, medications, other. (If None, so state)

2. List pertinent medical information applicable to heart trouble, diabetes, epilepsy, allergies, Etc. (If None, so state)

3. Does student carry medication? (If None, so state.)

Name of medications(s): _____ Purpose: _____

4. Date of last Tetanus injection:

5. Name of family physician:

Address: _____ Phone: _____

6. Does student wear: Glasses? _____ Contact lenses? _____ Hearing Aid? _____

7. Additional medical information or comments: _____

PARENT / GUARDIAN AUTHORIZATION

In the event that the above named student is presented for, or requires medical treatment or surgery or any other form of medical care or aid, I, parent/legal guardian of the above named student, do hereby authorize the Sponsors/Chaperones to be consulted with, and consent to, any medical treatment or care deemed necessary by any doctor, nurse or other medical personnel. I also guarantee payment of all charges incurred for medical treatment such as, but not limited to physician, hospital, x-ray, lab, drugs, and EMS.

This form must be signed and returned to the Cleburne High School Band Director before the student will be permitted to participate in any off-campus activity.

Signature of Parent / Legal Guardian

Date