

EMERGENCY MEDICAL INFORMATION

KINGWOOD HIGH SCHOOL BAND

NAME: _____ DOB: _____ M / F _____ Grade: _____

ALLERGIES: _____

Home Address: _____

City, Zip _____ Home Phone: _____

Mother's Name: _____ Cell Phone: _____

Mother's Employer: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Father's Employer: _____ Work Phone: _____

EMERGENCY CONTACTS OTHER THAN PARENTS

NAME: _____ Phone: _____

NAME: _____ Phone: _____

TO BE FILLED OUT BY A PARENT OR GUARDIAN

Does the student have a previous history of:

	Yes	No
Bleeding Tendencies		
Head Injuries, Seizures		
Unconsciousness		
Concussion or convulsions		
Asthma		
Hernia		
High Blood Pressure		
Tuberculosis		
Sickle Cell Anemia		
Kidney Disease or Injury		
Kidney, Lung, Testicle or Eye Removed or Not functioning		
Hepatitis		
Rheumatic fever		
Skin Disease		
Contact Lens/Glasses		
Is student taking medication reguarly?		

	Yes	No
Now under doctor's care		
Neck Injury		
Bone and/or joint injury or disease		
Heart Disease		
Diabetes		
Emotional (Psychological) disturbance		
Has had a surgical operation		

If Yes Explain: _____

Name of Primary Physician: _____

Date of last Tetanus (Required info) _____

Other Medical condition or relevant information _____

Is yes, please specify Medications and conditions requiring medication: _____

**IN CASE OF EMERGENCY REQUIRING MEDICAL ATTENTION
PLEASE INDICATE PREFERRED DOCTOR AND/OR HOSPITAL**

Doctor _____ Phone _____
Hospital _____ Phone _____

INSURANCE INFORMATION

Primary Insured Name _____
Primary Insurance _____
Type of Plan _____ Group Number _____
Phone _____ Subscriber Number _____

_____ Please check here if you do not have health insurance on your child.

OVER - THE - COUNTER MEDICATIONS

Do you give chaperones/directors permission to give your student the following?

Medication:	Yes	No	Medication:	Yes	No
Aspirin			Prilosec/Prevacid		
Tylenol/(Acetaminophen)			Pepcid Ac/Maalox/Mylanta		
Advil/Motrin/(Ibuprofen)			Tums		
Aleve/(Naproxen)			Immodium		
Midol (Girls only)			Tylenol Sinus		
Benadryl			Advil Sinus		
Claritin/Zyrtec			Cough Drops		
Hydrocortisone Cream					

I give my consent for the above named student to participate in District approved extracurricular activities and attend school related trips with the sponsor or representative of the school.

I grant permission to the school district employees or its representatives to secure medical services for the above named student as necessary.

SIGNATURE MUST BE NOTARIZED. DO NOT SIGN IN ADVANCE.

I understand that Humble I.S.D, Kingwood High School, its employees, representatives and/or volunteers do not assume any legal responsibility in the case of an emergency nor are they responsible for any costs that may be incurred in treatment of an injury or illness.

Date Signature of Parent or Guardian

This instrument was acknowledged before me on this _____ day of _____, 20_____
Date Month Year

State of Texas County of _____

By: _____
Notary Public in and for the State of Texas