

Medical Emergency Form

Student Last Name _____ First Name _____

ID Number _____ Date of Birth _____ Age _____

Insurance Company _____ Policy Number _____

Any **allergies** to food or medication? PLEASE LIST _____

Other Physical Conditions or Impairments which require special care: _____

Medication(s) currently being taken: _____

Parent / Guardian to notify _____

Home Phone _____ Work Phone _____ Cell Phone _____

Other person to notify _____

Home Phone _____ Work Phone _____ Cell Phone _____

I give permission for emergency medical treatment needed for my child.

I release the band directors or their designated agent, and the Brownwood Independent School District from any and all liability as a result of any treatment which may be administered to my child.

Dated: _____

Parent/Guardian Signature

THIS FORM WILL BE CARRIED TO ALL OUT OF TOWN FUNCTIONS OF THE
BROWNWOOD HIGH SCHOOL BAND