

COMAL I.S.D.

2024-25 EMERGENCY INFORMATION AND INSURANCE FORM

Student's Name _____ Age _____ Date of Birth _____

Social Security # _____ Sex M – F Grade _____

Address _____ City, Zip _____

Home Phone # _____ Work # _____

Mother's name _____

Cellular phone # or Pager # _____

Father's Name _____

Cellular phone # or Pager # _____

If parents cannot be reached, please notify _____

Cellular phone # or Pager # _____

Insurance company _____

Group # _____ Policy # _____ Phone # _____

Do you wear contacts? _____ Glasses? _____ Dental Equipment? _____

List all medications taken regularly and why - _____

Blood Type: _____

ALLERGIES (Circle all that apply)

Penicillin Aspirin Sulfa Novocaine Erythromycin Xylocaine Codeine

List any other known allergies _____

PAST MEDICAL HISTORY (Circle all that apply)

High Blood Pressure Thyroid Disease Back Injury

Irregular Heart Beat Mental Problems Colitis

Sickle Cell Disease Kidney Infections Hives

Head Injury Ear, Nose, Throat Disease

Other _____

In the event of a medical emergency, I authorize the Smithson Valley High School Band Director to make the necessary decisions for the safety of my child's health.

Parent or Legal Guardian: _____

Date: _____

I give permission for a band chaperone to give my child the recommended dosage of:

___ Tylenol (Acetaminophen) ___ Advil (Ibuprofen) (put yes or no in each box)