

# COMAL I.S.D.

## 2019-20 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)