

FRIENDSWOOD HIGH SCHOOL BAND

702 Greenbriar Friendswood, TX 77546
281-482-3413

Consent for Medical Treatment/Medical Information

Student Name _____ Date of Birth _____ Grade _____ SS# _____

Medical Release

I authorize a Friendswood I.S.D. representative:

1. To represent me before any medical institution where it may be necessary to send my son/daughter while he/she is under their care.
2. To give in my name the necessary authorization for surgery in case of emergency when medical authorities deem it indispensable.
3. To represent me while my son/daughter is under their custody and control.

I have read and agree to the above listed information:

Medical Release: _____ (parent signature) Date: _____

In case of emergency, who else should be contacted:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Medical Information

Drug/Food Allergies: _____

Does the student have any medical problems or a history of medical problems? _____

Date of last tetanus shot? _____ Doctor's Name _____ Phone _____

Medical Conditions (asthma, contacts, etc.): _____

Student Information

Parent Name (Father/Guardian) _____

Parent Name (Mother/Guardian) _____

Home Address _____ City _____ Zip _____

Home Phone _____ Work/Cell Phone _____

Medical Insurance Company Name _____ Phone _____

Name of Insured (policy holder) _____

Group # _____ Subscriber ID # _____

Claim Address _____

Please attach below a copy of your health insurance card (both sides). This will be used only in case of emergency. The band staff will take this information on all band trips.