

LBJ High School
7309 Lazy Creek Drive, Austin, TX 78724-3299

2008-2009 Band Medical Form

*Place this form in the band hall vault or mail to Alison McMillan, 502 Sunset Circle,
Austin, TX 78704, mclounsl@sbcglobal.net*

Student's name _____ Grade _____ M/F (circle one)

Home address _____ Home phone _____

_____ Date of Birth _____

Mom's business phone _____ Dad's business phone _____

Cell phone numbers _____

If parents are not available, contact the following:

Relative _____ Phone _____

Friend _____ Phone _____

List all medications student is taking _____

Does student have any allergies? Yes / No Please list _____

List any medications the student is allergic to _____

Additional medical information or comments _____

Health insurance information: (student should carry insurance card during school trip)

Company name _____

Group number _____ Policy Number _____

Member services phone number _____

To Whom It May Concern:

In case of emergency, & with the approval of the band directors, another AISD employee or appointed chaperone, I give my approval & authorization for first aid treatment and any medical treatment by local physicians and/or hospital, including surgical procedures. I agree to accept responsibility for payment of all charges incurred during this medical treatment.

Parent signature _____ Date _____

Printed name of parent _____