

Cypress – Fairbanks Independent School District Music Department

Student

Name: _____
(Last) (First) (Middle) (I.D.#)

Address: _____ Phone: _____
(Street) (City) (Zip)

Subdivision: _____ School: _____

Birthdate: _____ Grade: _____ Instrument: _____
(Month, Day, Year) (Instrument) (Brand, Serial Number)

Father

Name: _____
(Last) (First)

Address: _____

City, State, Zip: _____

Phone: _____
(Home) (Work)

Cell: _____

Mother

Name: _____
(Last) (First)

Address: _____

City, State, Zip: _____

Phone: _____
(Home) (Work)

Cell: _____

Health Information

Medical Insurance

Company Name: _____

Name of Insured: _____ Current Coverage: _____

Certificate Number: _____ Group Number: _____

Medical History

Does the student have a history of:

Diabetes _____	Epilepsy _____	Heart trouble _____
Asthma _____	Drug Allegies _____	Other (explain) _____
Blood Type _____	Physician _____	Phone _____

In Case of Emergency

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

Authorization is hereby given for administration of any medical treatment deemed necessary during any music trip. Such treatment will be administered only by a licensed nurse or doctor. We agree to accept responsibility for all authorized doctor, hospital and medical expenses incurred on this trip.

In case of injury or serious illness, I hereby grant permission for school employees to secure medical services for the student named on this card.

Signature of Parent or Guardian _____ Date: _____