

TEXAS ISD PERFORMING ARTS MEDICAL FORM AND EMERGENCY RELEASE

As part of its educational program, the Texas City Independent School District ("TCISD") has organized a variety of educational and learning activities and trips in which your child will have an opportunity to participate. These trips and activities are designed to benefit students by providing unique learning experiences and exposure to new and different people and places in a supervised setting. School personnel will keep you informed of the upcoming activities in which you child will have the opportunity to participate.

I, the undersigned, the parent and/or legal guardian of the student identified below, a minor, hereby acknowledge that said minor is presently under my care, custody and control. I hereby give the student identified below my express permission to travel with school personnel on the educational enrichment activities and trips the school has planned and to participate in all scheduled activities involved in the trip or activity.

In the event of an emergency necessitating medical attention to the student identified below, I hereby authorize that treatment be given by qualified and licensed medical personnel. I understand that I will be notified as soon as possible and that all expenses incurred in treatment will be assumed either directly by me or by my insurance coverage as noted.

I acknowledge that liability of TCISD, the TCISD Board of Trustees, and any agents, employees, representatives, insurers, successors, and assignees of the entities just named, is narrowly defined and extremely limited by Texas law and local policy.

HEALTH AND MEDICAL QUESTIONNAIRE

Student's Name: _____ Sex _____ Age _____ Date of Birth _____
 Last First MI

Present Address: _____
 Street City State Zip

Parents or Legal Guardians: _____ Home Telephone: _____ Cell Phone#: _____

Other responsible party: _____ Home Telephone: _____ Business Telephone: _____

Health Insurance Co.: _____ Policy Number: _____ Health Ins. Tel. # _____

Medical History of Student: (Please check Yes or No)			** Please check medication your child can receive					
	Yes	No		Yes	No		Yes	No
Diabetes	___	___	Dizziness	___	___	Acetaminophen (Tylenol)	___	___
Drug Allergies	___	___	Convulsions	___	___	Ibuprofen (Advil)	___	___
Asthma	___	___	High Blood Pressure	___	___	Throat Lozenges/cough drops	___	___
Epilepsy	___	___	Heart Disease	___	___	Antacids (Tums)	___	___
Fainting Spells	___	___	Stomach Disorder	___	___	Lotions, Creams, ointments	___	___
Kidney Disease	___	___	Hay Fever	___	___	Diphenhydramine (Benadryl)	___	___
Liver Disease	___	___						

Parent/Guardian Signature _____

Surgery/ies (within the last year): _____

Emotional problem (i.e. hyperventilation, hysteria): _____

Serious medical problems not mentioned above: _____

Tetanus (last injection date): _____ Allergies to drugs: _____

Allergies to foods & other agents: _____

List ANY medications the student might have cause to use on a trip (i.e. anti-convulsive, anti-histamine, insulin, any tranquilizer, etc.)

Please describe any medical/mental problems which the student might have which have not been covered on this form and about which you think the directors should know. _____