



Humble Independent School District

Fine Arts Department

Houston C Hayes, Director

(281) 641-8600

MEDICAL INFORMATION AND TRAVEL PERMIT

(Please Print)

Student Name _____ Date of Birth _____ Height _____
Weight _____ City _____ Zip _____ Home Phone () _____
Address _____

Father's Name _____ Mother's Name _____
Employer _____ Employer _____
Work Phone () _____ Work Phone () _____
Cell Phone () _____ Cell Phone () _____

Alternate Emergency Contact (first and last name)

1. _____ Phone () _____ Alt Phone () _____

Medical History (circle one)

YES	NO	Bleeding tendencies	YES	NO	Skin Disease
YES	NO	Head Injuries, seizures,	YES	NO	Has had tetanus? Date:
YES	NO	Asthma	YES	NO	Neck Injury
YES	NO	Hernia	YES	NO	Bone and/or joint injury or disease
YES	NO	High Blood Pressure	YES	NO	Heart Disease
YES	NO	Tuberculosis	YES	NO	Diabetes
YES	NO	Sickle Cell Anemia	YES	NO	Emotional (psych) disturbance
YES	NO	Kidney Disease, and/or injury	YES	NO	Surgical operation(s) List on back
YES	NO	Kidney, Lung, Testicle, Eyes	YES	NO	Medication Allergies: Please List
YES	NO	Hepatitis			
YES	NO	Rheumatic Fever			
YES	NO	Contact Lens/Glasses	YES	NO	Allergies? Please list

Is student taking medication regularly? If yes, please specify: _____

Other relevant medical information: _____

Doctor: _____ Phone () _____
Hospital: _____ Phone () _____

MEDICAL INSURANCE

Provider _____ Phone () _____ Type of plan: _____
Account Number: _____

I hereby give consent for my child to participate in and travel to curricular and extra-curricular activities associated with the arts education program in which they are a member and herewith grant permission for school employees to secure medical services, if necessary. I understand that the Humble Independent School District or it's employee(s) do not assume any responsibility for accidents or illness that may occur nor are they responsible for associated costs which may be incurred during treatment of such.

Signature of parent or guardian _____ Date _____