THCBC EMERGENCY / MEDICAL INFORMATION

Student Name: _____

Age _____ Grade (2017-18) _____ Birth Date _____ Gender _____

Dad's Name:_____Dad (H): _____Dad (C) _____ Dad (W) _____

Mom's Name:_____Mom (H): _____ Mom (C) _____ Mom (W) _____

If parents cannot be reached: Name:_____Relation:_____ Phone: _____

1. My Child has had the following: (Please check)

_____ Allergies	_____ Diabetes	_____ High Blood Pressure	_____ Serious Injury
_____ Asthma	_____ Dizziness	_____ Kidney Disease	_____ Surgery
_____ Epilepsy	_____ Measles	_____ Tires easily	_____ Bone or Joint
_____ Chicken Pox	_____ Fainting Spells	_____ Mumps	Problems
_____ Convulsions	_____ Heart Trouble	_____ Rheumatic Fever	_____ Bleeds freely

If your child had any of the above conditions, did he/she receive medical care? ____ Yes ____ No

2. Is your child on medication at this time: ____ Yes ____ No
If so what? _____ For What Condition? _____
_____

3. Is your child under medical care at this time: ____ Yes ____ No
If so what? _____ For What Condition? _____
_____

4. Is your child eligible for Medicaid? ____ Yes ____ No

5. Name of Insurance Company_____ Policy/Group#_____
Policy Holder's Name:_____ Insurance Phone Number_____
In case of accident or serious illness, I request the Texas Hill Country Bass Collective to contact me. If the Texas Hill Country Bass Collective is unable to reach me,I hereby authorize the the Texas Hill Country Bass Collective to call the physician indicated below AND to follow his instructions. If it is impossible to contact this physician, the the Texas Hill Country Bass Collective may take whatever arrangements seem necessary. If unable to name a physician or pay for medical services, then medical, hospital or welfare services may be authorized. I understand that the Texas Hill Country Bass Collective does not carry insurance, catastrophic or other, on my child and that I am responsible for payment of any injuries incurred.

6. Known Drug Allergies: _____

7. Local Physician's Name: _____

8. Address: _____ Office Phone _____

9. Hospital preference in case of emergency: _____
I have completed all of the above information and do hereby confirm it is true and accurate.
Signature of Parent / Guardian _____ Date _____
All information on this form will be used only by the Texas Hill Country Bass Collective faculty and staff and will be kept private.