

2024-2025 Spirit of the Elks Medical Form

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Please fill out this form and make sure it is turned as soon as possible. It is important to provide as much information as you can so the band staff can care for your child. ALL students must complete a physical before Summer Band in late July.

Students First and Last Name _____

Is he/she covered by health insurance? YES____ NO____

If yes, please provide the Insurance Company and Policy Number:

If your child has any drug or food allergies, please provide them here:

If your child is taking any medications, please provide what meds, the prescribed dosage, and frequency of dosage:

1) _____

2) _____

3) _____

Please list any medical conditions you child has (ex. Heart issues, diabetes, asthma, epilepsy)

"I hereby give my consent for the above named student to go on school sponsored trips with the band, band directors or representatives. I also give my consent for school employees to secure emergency first aid or medical services for the above named student. I release the Burleson Independent School District and all accompanying school authorities and chaperones from all responsibility pertaining to claims and expenses in the case of accident, injury, or loss of life that might occur. I understand that all reasonable precautions will be taken to ensure the safety of my child during this activity."

Parent Signature _____

Parent Name (Print) _____