



Fine Arts Field Trip
High School

Cypress Creek High School

Student Name

Campus

Grade

Please provide a copy of the student's current insurance card.

Name of Insurance Company

Identification Number

Group Number

In case of a student emergency, CFISD employees should be knowledgeable of your child's medical conditions to provide safe care. Please list any medical conditions or regular medications below.

- Asthma Diabetes Seizure Disorder List Severe Food Allergies
Daily and Emergency Medications:
Other Information:

District Provided Non-prescription Medication Permission

Authorization is hereby given for the administration of the following district provided non-prescription medications to my child by designated school employees. Circle Yes or No in last column.

Table with 4 columns: Symptom, Medication, Brand Name, Circle Yes or No. Rows include Allergic Reaction, Mild Pain/Fever, and Mild Abdominal Pain.



Parent/Legal Guardian Signature

/ / 20

Medication Log (For CFISD Use Only)

Table with 5 columns: Date (Month/Day), Time, Signs & Symptoms, Medication Dispensed, Initials. Multiple empty rows for logging.