



Leander ISD Student Travel Guidelines



Student Medical Information

Student Name: _____

Student Birthday: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Alternate Emergency Contact Name: _____

Alternate Emergency Contact Phone: _____

Physician Name: _____ Phone Number: _____

Important Medical Information (drug or food allergies, special medical conditions, medications, etc.): _____

Insurance Information

Insurance Plan Name: _____ Insured's Name: _____

Insurance Phone Number: _____

Group Name: _____ Group Number: _____

Member Number: _____ I.D. Number: _____

Plan Number: _____ Additional Information: _____

REQUIRED: Please attach a copy of your insurance card (front and back).