

ARLINGTON INDEPENDENT SCHOOL DISTRICT

MEDICAL AUTHORIZATION

TO: Any physician, hospital, or other health care provider:

RE:

We, the undersigned, represent and warrant that we are the parents or legal guardians of the above-named student, a minor child, and we do hereby give the AHS Band Directors, of the Arlington Independent School District, the power to consent to any and all medical and/or health care which he/she deems necessary in an emergency while said child is in his/her custody and control while on a district sponsored trip.

Signed this _____ day of _____, 20____

Print name of parent or guardian

Signature of parent or guardian

Print name of parent or guardian

Signature of parent or guardian

SUBSCRIBED AND SWORN TO BEFORE ME by _____

And _____ on this _____ day of _____, 20____,

To certify which witness my hand and seal of office.

Notary Public, State of Texas: _____

My commission expires: _____

Additional Information:

Home Phone:

Business Phone:

Insurance Company:

Insurance Co. Phone:

Policy Number:

Medical Allergies:

Pertinent Medical Information (diabetes, asthma, heart disease, etc.):

Medications:

Family Doctor:

Phone:

Other contact in emergency:

Phone: