ARLINGTON INDEPENDENT SCHOOL DISTRICT

MEDICAL AUTHORIZATION

TO: Any Physician, Hospital, or Other Health Care Provider:

RE: _____

Student Name

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 Michael Stringer, Jennifer Lemin, Nathan Keefer – Martin Orchestra 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____.

PARENT/GUARDIAN INFO

_____ _____

Print Name of Parent or Guardian **Signature of Parent or Guardian**

_____ _____

Print Name of Parent or Guardian **Signature of Parent or Guardian**

NOTARY PORTION

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: _____

MEDICAL INFO

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: _____

It will be the responsibility of the parent to notify the school of any changes in the above information.

(For Out-of-District travel, form **A-075-95** is also required)