

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 ANDREW WALTON, JAMES HOGAN, LAMAR HS FACULTY, 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: \_\_\_\_\_

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) \*\**