

**ARLINGTON INDEPENDENT SCHOOL DISTRICT
OUT OF DISTRICT TRAVEL MEDICAL AUTHORIZATION**



Class Period _____

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 **Greg Haugen/Cassandra Kirby (Lamar HS Choir 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 (e.g., diabetes, asthma, heart disease, bee or peanut allergy, 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.