

Wakeland High School Band - Frisco ISD
AUTHORIZATION TO SECURE EMERGENCY
MEDICAL TREATMENT OF MINOR STUDENT

Student Name: _____ Birthdate: _____
Date: _____ School: _____ Grade: _____
Address: _____ Home Ph.: _____
City: _____ Zip Code: _____

TO PARENT OR GUARDIAN: To serve your child in case of ACCIDENT or SUDDEN ILLNESS, please provide the following information:

Mother/Guardian: _____ Bus. Phone: _____
Father/Guardian: _____ Bus. Phone: _____

List two people who will assume temporary care of your child if you cannot be reached:

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Relation: _____	Relation: _____

List any health conditions such as heart problems, diabetes, epilepsy, eye or ear problems, or any chronic condition:

List any allergies: _____

List any medications taken regularly:

Doctor: 1st Choice: _____ Phone: _____
2nd Choice: _____ Phone: _____

Dentist: _____ Phone: _____
Hospital: Choice: _____ Phone: _____

Medical Insurance Provider: _____
Policy No.: _____

Please initial ONE of these statements:

_____ I authorize immediate medical treatment for the above-named student.
_____ Contact this student's parent/guardian before seeking medical treatment.

Parent/Guardian Signature _____ *Date*