

Greenville High School Band

MEDICAL AUTHORIZATION
2021/2022

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

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 Richard Burt or Samantha Williams, of the Greenville 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

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.

**This form will be destroyed at the end of the schoolyear.