School Copy

Harrison County Board of Education
Emergency Medical Treatment

udent's Name: _____ (Last) _____ (First)

ddress: _____

ity: _____ State: _____ Zip: _____

ome Phone: ( ) _____

ather Work Phone: ( ) _____ Father Cell Phone: ( ) _____

lother Work Phone: ( ) _____ Mother Cell Phone: ( ) _____

s student allergic to any medicine or drug? Yes _____ No _____ If so, please explain: _____

_____

Has student had tetanus shot? Yes_____ No_____ When:_____ Blood Type: _____

Medicines being taken: _____ Religion: _____

Family Physician: _____ Physician Office Phone: ( ) _____

nstructions for emergency medical treatment: _____

_____

nsurance Company: _____ Policy Number: _____

For the parent/guardian: I hereby grant permission for the above to participate in extra-curricular activity. In the event of accident or medical llness, permission is granted for any such medical and/or surgical treatment as may be necessary. Every effort will be made to notify me before ıny major treatment is undertaken.

_____ _____

Signature of Parent/Guardian Date

Chaperone Copy

Harrison County Board of Education
Emergency Medical Treatment

Student's Name: _____ (Last) _____ (First)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: ( ) _____

Father Work Phone: ( ) _____ Father Cell Phone: ( ) _____

Mother Work Phone: ( ) _____ Mother Cell Phone: ( ) _____

Is student allergic to any medicine or drug? Yes _____ No _____ If so, please explain: _____

_____

Has student had tetanus shot? Yes_____ No_____ When:_____ Blood Type: _____

Medicines being taken: _____ Religion: _____

Family Physician: _____ Physician Office Phone: ( ) _____

Instructions for emergency medical treatment: _____

_____

Insurance Company: _____ Policy Number: _____

For the parent/guardian: I hereby grant permission for the above to participate in extra-curricular activity. In the event of accident or medical illness, permission is granted for any such medical and/or surgical treatment as may be necessary. Every effort will be made to notify me before any major treatment is undertaken.

_____ _____

Signature of Parent/Guardian Date