

EMERGENCY MEDICAL RELEASE

Student's Name _____ Date of Birth _____
(LAST) (FIRST) (MIDDLE)

Grade _____ Sex _____ Age _____ School _____ School ID# _____

Address _____ Apt. # _____ City _____ Zip _____

Father's Name _____ Mother's Name _____

Father: Home Phone _____ - _____ - _____ Work _____ - _____ - _____ Cell _____ - _____ - _____

Mother: Home Phone _____ - _____ - _____ Work _____ - _____ - _____ Cell _____ - _____ - _____

Person to notify other than parent/guardian in an emergency if parent/guardian cannot be reached:

Name & Relation _____

Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____ Work Phone _____ - _____ - _____

Family Doctor _____ Phone _____ - _____ - _____

Medical Information: Please list any information that may be pertinent in an emergency. (Allergies, Asthma, Médications, etc.)

Is this student covered by medical insurance? Yes _____ (If yes complete the following) No _____

Name of person who covers this student _____ Relationship _____

Name of Insurance _____ Policy &/or Group # _____

Phone # of insurance company _____ - _____ - _____ Identification # _____

MEDICATION CONSENT

Certified and Licensed Athletic Trainers designated by the Garland ISD are hereby given my consent to administer non-prescription medication to said student, under direct and/or indirect supervision of a Licensed Physician. Further consent is hereby given to administer prescription medication to said student when prescribed by the team physician and/or his/her personal physician. The Athletic trainer shall not condone or administer any medication that may be detrimental to a student's health or improve an athlete's performance.

* Check any medications you wish NOT to be administered: [] Advil, [] Tylenol, [] Pepto-Bismol, [] Decongestants, [] Throat Lozenge, [] Benadryl

* If you wish NO medications should be administered to your child for athletic injury purpose by the Athletic Trainer check here []

PLEASE READ BEFORE SIGNING

In the event of an emergency occurring while my son/daughter is on a school-sponsored trip or athletic event, I hereby grant permission to the Garland ISD and/or its employees to take whatever emergency action is deemed necessary. In the event that I cannot be reached, I hereby authorize the Garland ISD and/or its employees to give consent for my son/daughter to receive medical treatment.

Yes, I grant permission _____ No, I do not grant permission _____

Signed _____ Date _____
(Parent or Guardian Signature)

Subscribed and sworn be before me, a Notary Public in and for Dallas County, State of Texas.

On this the _____ Day _____ 20_____

Signature of Notary _____

Notary Seal