Smithville Band Emergency/Medical Care

Name of Student____
(Last) (First) (Middle)

Home Address_____________________________________ **Email Address**____________________

Phone______________________________ **Cell Phone**_________________________________

Where parents may be reached in case of an emergency.

Father's Name__________________________ **Mother's Name**______________________

Home Phone___________________________ **Home Phone**_________________________

Relative or Friend contact in case parents cannot be reached.

Name_____________________________________ **Phone**______________________________

Name of Family Physician_________________________ **Phone**______________________________
(If unable to name a physician or pay medical services, then medical, hospital, or welfare services may be authorized.)

A. **Emergency Care:** In case of an accident or sudden illness to the above named child, and in the event I cannot be reached by telephone, I hereby authorize a representative of the **Smithville Independent School District** personnel to secure appropriate Emergency Medical Services.

B. My child is receiving medication: YES ________________ NO__________________

I agree to furnish an adequate amount of the medication in pharmacy container with the current prescription label listing the child's name, the drug, the doctor's name, the directions concerning dosage and the pharmacy number. I understand that **Smithville Independent School District** personnel will protect my child and not administer medication if this medication form is not completed or I do not furnish the medication as required.

I authorize a representative of the Smithville Independent School District to administer the following medication to my child during this field trip:

Copy medication instructions from the medical container.

Name of Medication	Dosage	Time Taken
1.____________________	____________________	______________________
2.____________________	____________________	______________________
3.____________________	____________________	______________________

Any known allergies? Yes_________ No _____________
Please list below:

Date_____________________
Parent or Guardian Signature: ____

** Parents and students should be aware that this form must be turned in prior to leaving or they will not attend.