

Harrison County Board of Education
Emergency Medical Treatment

School Copy

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

Harrison County Board of Education
Emergency Medical Treatment

Chaperone Copy

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