

To Be Filled Out by Parent

WACO INDEPENDENT SCHOOL DISTRICT  
Emergency Medical Release Form

Date \_\_\_\_\_

Authorization to Consent Medical Treatment of a Minor

In case of an emergency and I (parent/guardian) cannot be reached, please contact:

_____	_____
Contact Person	Telephone Number
_____	_____
Contact Person	Telephone Number
_____	_____
Child's Physician	Telephone Number

If your child has an existing health condition, please indicate:

Heart trouble _____	Allergies _____	Epilepsy _____
Asthma _____	Diabetes _____	Other _____

Is your son/daughter allergic to any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Insurance Information

_____	_____
Name of Insurance Company	Policy Number
_____	
Name of Policy Holder	

Consent

The Waco Independent School District is an educational institution in which the child named above is enrolled, and I give authority to Waco Independent School District to consent to medical treatment of the child in the event that I cannot be contacted.

I have read, understand, and agree to abide by the Student Conduct Rules and Regulations stated on the reverse side of this form.

_____	_____
Parent's/Guardian's Signature	Student's Signature
_____	_____
Telephone Number	Date