Emergency Medical Release (To accompany Field Trip Agreement)

Student's Full Name		
Gender (M) (F) Stude	ent ID #:	
Please list any significant evaluating your child in th	<u> </u>	at may be significant to a Physician wedical treatment.
Does this student have:	Asthma	Diabetes
	Epi – Pen	Inhaler
	Other	(please explain)
List all allergies to medica	tions, food or insects	
Does your child have a he	art condition? Yes _	No
Please explain		
Insurance Company		Policy #
Name of Primary Care Ph	ysician	
Name of Orthopedic Surg	eon (if ever have been	n treated)
Please list any surgeries y	our student has had i	n the past.
If your child takes medica and dosage.	tions on a daily basis	long – term, please list the medications

If there is an emergency regarding your child, please list any contact information, including other family members or neighbors that will know how to contact you if you cannot be reached. These should be the same names listed on your students contact card on file at Guyer HS.

Contact Names / Tela	ationship / contact	ilumbers.	
1		()	
2		()	
3		()	
4		()	
5		()	
	You may add ot	hers to this list if needed	d.
contacted, I give I	Denton ISD perm	ission to seek emerg	m not able to be gency medical care /
contacted, I give I treatment for my	Denton ISD perm child to the spon er contact inform		gency medical care / have also indicated
contacted, I give I treatment for my on this form, othe	Denton ISD perm child to the spon er contact inform	ission to seek emerg soring teacher(s). I ation in the event I o	gency medical care / have also indicated
contacted, I give I treatment for my on this form, othe	Denton ISD perm child to the spon er contact inform	ission to seek emerg soring teacher(s). I ation in the event I o	gency medical care / have also indicated
contacted, I give I treatment for my on this form, other or the second s	Denton ISD perm child to the spon er contact inform n Signature nature	ission to seek emerg soring teacher(s). I lation in the event I o Date	gency medical care / have also indicated
contacted, I give I treatment for my on this form, other or the second s	Denton ISD perm child to the spon er contact inform n Signature nature	ission to seek emerg soring teacher(s). I lation in the event I o Date	gency medical care / have also indicated cannot be reached.
Contacted, I give I treatment for my on this form, other or the second s	Denton ISD perm child to the spon er contact inform n Signature nature	ission to seek emerg soring teacher(s). I lation in the event I o Date	gency medical care / have also indicated cannot be reached.

This form must be completed and remain on file with Guyer High School Choral Department for the duration of the 2014 – 2015 school year. This will ensure your child's safety throughout the year as we travel.