

**Smithville Band Emergency/Medical Care**

Name of Student \_\_\_\_\_

(Last)

(First)

(Middle)

Home Address \_\_\_\_\_ Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Where parents may be reached in case of an emergency.**

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

**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 a 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 or on back:

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.