

**ARLINGTON INDEPENDENT SCHOOL DISTRICT  
OUT OF DISTRICT TRAVEL MEDICAL AUTHORIZATION**

TO: Any Physician, Hospital, or Other Health Care Provider:

RE: \_\_\_\_\_

We, the undersigned, represent and warrant that we are the parents or legal guardians of the above-named student, a minor child, and we do hereby give \_\_\_\_\_, of the Arlington Independent School District, the power to consent to any and all medical and/or health care which he/she deems necessary in an emergency while said child is in his/her custody and control while on a district sponsored trip.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

_____ Print Name of Parent or Guardian	_____ Signature of Parent or Guardian
_____ Print Name of Parent or Guardian	_____ Signature of Parent or Guardian

SUBSCRIBED AND SWORN TO BEFORE ME by \_\_\_\_\_  
and \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,  
to certify which witness my hand and seal of office.

Notary Public, State of Texas: \_\_\_\_\_  
My commission expires: \_\_\_\_\_

Additional information:  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Insurance Co. Phone: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Medical Allergies: \_\_\_\_\_  
Pertinent Medical Information (e.g., diabetes, asthma, heart disease, bee or peanut allergy, etc.):  
\_\_\_\_\_  
Medications: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Other Contact in Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

It will be the responsibility of the parent to notify the school of any changes in the above information.