

**FORT WORTH INDEPENDENT SCHOOL DISTRICT  
MEDICAL INFORMATION  
ADDITION TO PARENT PERMISSION FORM**

This form must be completed for all out-of-district and overnight trips because there are times when a student's illness or injury requires the immediate attention of nearby doctors and/or hospital. The school district employee in charge of the students will attempt to contact a parent, guardian, or family doctor; however, in extreme emergencies, this signed form will be needed as authorization for treatment of the student. **(Students who have special medical problems and those who require a specialized medical procedure should be accompanied by a parent/guardian if possible.) Students requiring medication must have a Physicians' Medication Request form completed and a parental consent form signed by the parent. All medication must be in a pharmacy labeled container.**

*I hereby give my permission to do whatever is deemed necessary in case of the illness or injury of my child, \_\_\_\_\_ in the event that none of the persons listed below can be contacted. I give my full permission for medical services to be rendered for my child by the attending emergency physician or sub specialist.*

Business Phone: \_\_\_\_\_

\_\_\_\_\_  
Name of Parent or Guardian

Home Phone: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Name, Address, & Phone Number of Individual to Contact Other Than Parent or Guardian

\_\_\_\_\_  
Name & Address of Insurance Company

(Check one) Individual Policy \_\_\_\_\_ Group Policy \_\_\_\_\_

If Group Policy, Name of Employer \_\_\_\_\_

Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_ Contract No. \_\_\_\_\_

\_\_\_\_\_  
Name, Address & Phone Number of Family Doctor

\_\_\_\_\_  
Signature of Parent or Guardian

Date: \_\_\_\_\_

**NOTE:** This completed form must be in the possession of the teacher at all times during the trip.