

Medical Authorization Form

Katy ISD Ag Olympics

(Must be presented before participation)

Name: _____ Home Phone: _____

Age: _____ Address: _____

Parent/Guardian Name(s): _____

Father's Employer: _____ Phone: _____

Mother's Employer: _____ Phone: _____

Family Physician: _____ Phone: _____

Name of person to contact if Parent/Guardian is unavailable:

Name: _____ Relationship: _____ Phone: _____

List any medication you are currently taking:

List any known medical problems or allergies:

Medical Insurance Company Name: _____

Name of Insured: _____

Policy Number: _____ Group Number: _____

"In case of serious illness or accident, I request that the activity sponsors contact me. If I cannot be reached, I authorize contact of the physicians above. If it is not possible to contact the physician, I authorize the teacher/advisor to arrange for all necessary medical services for said child on my behalf."

Parent/Guardian Signature: _____

Date: _____