

**HARRISON COUNTY BOARD OF EDUCATION
EMERGENCY MEDICAL TREATMENT**

APPLICANT'S NAME: _____
Last First

ADDRESS: _____

TELEPHONE NUMBERS() () ()
(home) (father-day) (mother-day)

Is he/she allergic to any medicine or drug? _____ If so, please explain: _____

Has he/she had tentanus shots? _ When: _____ Blood Type: _____

Family Physician: _____ Religion: _____

Instructions for emergency medical treatment: _____

Medicines being taken: _____

Insurance Company: _____ I.D.# _____

FOR THE PARENT OR GUARDIAN: I hereby grant permission for the above to participate in extra-curricular activity. In the event of accident or medical illness, permission is granted for any such medical and/or surgical treatment as may be necessary. Every effort will be made to notify me before any major treatment is undertaken.

Signature of Parent or Guardian

**HARRISON COUNTY BOARD OF EDUCATION
EMERGENCY MEDICAL TREATMENT**

APPLICANT'S NAME: _____
Last First

ADDRESS: _____

TELEPHONE NUMBERS() () ()
(home) (father-day) (mother-day)

Is he/she allergic to any medicine or drug? _____ If so, please explain: _____

Has he/she had tentanus shots? _ When: _____ Blood Type: _____

Family Physician: _____ Religion: _____

Instructions for emergency medical treatment: _____

Medicines being taken: _____

Insurance Company: _____ I.D.# _____

FOR THE PARENT OR GUARDIAN: I hereby grant permission for the above to participate in extra-curricular activity. In the event of accident or medical illness, permission is granted for any such medical and/or surgical treatment as may be necessary. Every effort will be made to notify me before any major treatment is undertaken.

Signature of Parent or Guardian