

JUDSON HIGH SCHOOL CHORAL DEPARTMENT  
MEDICAL TREATMENT PERMIT

Student's Name \_\_\_\_\_ Grade level \_\_\_\_\_

Birthdate (day/month/year) \_\_\_\_\_ Current age \_\_\_\_\_ Choir \_\_\_\_\_

Phone numbers in case of emergency: \_\_\_\_\_  
\_\_\_\_\_

Family doctor's name and phone number: \_\_\_\_\_  
\_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_

Policy number or group number: \_\_\_\_\_

Known allergies to medicine or food: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give any critical medical information that may be deemed necessary in case of emergency treatment (such as blood type, medication currently being taken, reactions or allergies to any medication, etc.) The parent is responsible for updating any medical information throughout the school year.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I hereby grant permission for my child to be given emergency medical treatment by qualified medical personnel if deemed necessary by the Judson ISD personnel from the time of departure through their return trip while traveling as a member of the Judson High School Choir Department.*

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Sponsors:** \_\_\_\_\_  
\_\_\_\_\_

Emergency Medical Form (Pink)



Form ID: 156144