

**IMPORTANT NOTICE**  
This form no longer has to be notarized.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**ARLINGTON INDEPENDENT SCHOOL DISTRICT**  
**MEDICAL/TRAVEL AUTHORIZATION**

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

RE: \_\_\_\_\_  
(student name)

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 the supervision sponsors Ken Callaway, JoAnna Barton, Michael Hejny, Nathan Burum, Nathan Hervey, Brian Lowe, and 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.

I give my permission for the above student of the Arlington Independent School District to attend the following district approved trip(s) this school year:

DESCRIPTION OF TRIP	DATE	LOCATION	TRANSPORTATION
Dean Corey	2021	TBA	Bus
AHS Football Game	2021	TBA	Bus
Elementary Concert Tour	12/2021	Feeder Schools	Bus
UIL Contest	04/20-22/22	Arlington CVPA	Bus
NRH20	5/TBA/22	NRH20	Bus

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

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

**ADDITIONAL INFORMATION:**

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

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

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Insurance Co. Phone

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Medical Allergies

\_\_\_\_\_  
Medications

\_\_\_\_\_  
Pertinent Medical Information (diabetes, asthma, heart disease)

\_\_\_\_\_  
Family Doctor

\_\_\_\_\_  
Phone