S&S CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
P.O. Box 837 • Sadler, Texas 76264 • Office: (903) 564-6051 • Fax: (903) 564-3492 • www.sscisd.net

MEDICAL AUTHORIZATION FORM

I/We, being the parent(s) or legal guardians(s) of _____, a minor,

do hereby appoint an agent of S&S CISD from _____School to
Campus

act in my /our behalf in authorizing emergency medical, dental, or surgical care and hospitalization for the above-named minor during a period of my absence. This authorization is given with my/our understanding that attempts will be made to contact me/us prior to the administration of treatment for any nonlife-threatening situation/condition utilizing the contact information that I/we have provided.

_____ _____
Signature Parent/Guardian Date

_____ _____
Address City/State/Zip Code

_____ _____
Home Phone Daytime Phone

Hospitalization Coverage for the Above-Named Minor:

_____ _____
Name of Insurance Company Identification or Group Number

_____ _____
Family Physician Name Family Physician Phone Number

Insurance Waiver Statement: (complete this section if you do not have insurance)

Where no proof of insurance is established, it is understood that the parents of the student must assume legal responsibilities for expenses incurred for injuries to students that occur during extracurricular activities. I have read and understand the above.

_____ _____
Signature Parent/Guardian Date

_____ _____
Student's Name Teacher