

HARRISON COUNTY BOARD OF EDUCATION  
EMERGENCY MEDICAL TREATMENT

APPLICANT'S NAME: \_\_\_\_\_  
Last first

ADDRESS \_\_\_\_\_

TELEPHONE NUMBERS: \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

(Home) (Father-Bus.) (Mother-Bus.)

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

Has he/she had tetanus 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-Bus.) (Mother-Bus.)

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

Has he/she had tetanus 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