

**Medical Authorization**

Shrewsbury High School US First Team 467

Student Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Guardian or  
Mother's Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Guardian or  
Father's Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Student lives with: Mother \_\_\_ Father \_\_\_ Other \_\_\_ (relationship) \_\_\_\_\_

Insurance Carrier Name \_\_\_\_\_

Card Number \_\_\_\_\_

Does the carrier have to be informed before treatment, in case of medical emergency?

YES \_\_\_\_\_ NO \_\_\_\_\_

If so, please give insurance carrier telephone number and any special instructions or procedures that must be followed:

( ) \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Please list any allergies (to food, medication, insect bites, etc.)

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

Please list any medication that your child will be taking during school trip:

Prescription: \_\_\_\_\_

Over the counter: \_\_\_\_\_

Are there any past medical conditions that we should know about? YES \_\_\_\_\_ NO \_\_\_\_\_ If so, please describe: