## **Authorization for Medical Services**

Student Name		Grade	Age
SCHOOL YEAR	SPORTS		
As legal guardian for the necessary medial service accident. Every attempt need to seek medical serv	s to be administered t will be made to contac	o the student in ca	se of illness or
Parent/ Guardian Signat	ure:	Date	<b>;</b>
Address:			
Phone: Home/Cell:		Work:	
Student's Physician:	- The state of the	Office Phone	•
Insurance Carrier:			
Policy Number:			
Allergies or Special Conce	erns:		
Student Name:		Grade: A	ge:
SCHOOL YEAR	SPORTS	/	
As legal guardian for the necessary medial services accident. Every attempt v need to seek medical serv	to be administered to vill be made to contact	the student in cas	se of illness or
Parent/ Guardian Signatı	ıre:	Date	
Address:			
		Work:	
tudent's Physician: Office Phone		AMA-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
Insurance Carrier:			Manager 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Policy Number:			A-14-14-14-14-14-14-14-14-14-14-14-14-14-
Allergies or Special Conce			