

HOUSTON ACADEMY

**OUT-OF-TOWN HEALTH AUTHORIZATION
AND
INFORMATION FORM**

Student's Name: _____

Parent's Name: _____

Parent's Numbers: () _____ Home () _____ Work () _____ Cell Phone

If parent/guardian cannot be located contact:

Name: _____

Relationship: _____

Telephone Numbers: () _____ Home () _____ Work () _____ Cell Phone

This letter expresses consent for such medical treatment and surgery to be given and performed to and upon my child as appears reasonably necessary in the exercise of prudent medical judgment of a doctor of medicine (i.e. M.D.) at any point on the trip at which sickness or accident occurs. In this regard, it is understood that any medical hospital and surgical expenses, which may be incurred as a result of treatment recommended by any such doctor, will be borne by me.

Parent/Guardian

Notary Public

General Health Information

Allergies: _____

Medical Conditions (please include all including ADD/ADHD):

Medication Required:

Name of Medicine: _____ Dosage _____

_____ Dosage _____