



MEDICAL AND HOSPITAL AUTHORIZATION

Student Name (Last, First) _____ Date _____

Address _____

I hereby authorize San Joaquin Memorial High School to make such medical examinations as the school may feel indicated, including physical examinations, x-rays, laboratory studies, and obtain medical results, records and any other pertinent medical information regarding the student's healthy and medical treatment.

I also authorize the School to institute preventive medical and dental measures that the School or its physician may feel are indicated.

I authorize the School to administer any medication the School and/or its physician may feel indicated for improvement of health and comfort.

In the event of an acute condition or illness, I request and authorize the School to seek whatever medical care may be indicated. Hospitalization, surgical treatment and anesthesia may be authorized by any member of the School's medical and administrative staff and any necessary consent executed thereto.

I request and authorize (Student Name) _____ to participate in all School activities including athletics, swimming, and special trips away from School when the staff feels these are indicated for education or enjoyment.

Parent or Guardian Signature

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____,

by _____,

who is personally known to me or who produced _____ as identification.

Notary Public Signature

Commission Expires