



**OBBS MUNICIPAL SCHOOLS**

**PERMISSION FOR MEDICAL TREATMENT  
DURING SCHOOL ACTIVITIES/TRIPS**

To whom it may concern:

I, the undersigned, being the legal parent/guardian of \_\_\_\_\_  
\_hereby authorize any necessary medical treatment for this person while participating in school related  
activities/trips during the \_\_\_\_\_ school year. I also guarantee payment of all charges incurred  
during this medical treatment (physician, hospital, x-ray, lab, etc.). In regard to such person, I submit the  
following information:

**INSURANCE**

Company \_\_\_\_\_

Group No. \_\_\_\_\_ Identification No. \_\_\_\_\_

**SPECIAL INFORMATION**

Please list any allergies to food, medication, etc. (If none, state so).

\_\_\_\_\_

Special medical problems. (If none, state so).

\_\_\_\_\_

Medicine student will have in his/her possession are: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PERSONAL INFORMATION**

Parent's/Guardian's Address \_\_\_\_\_

Office Phone (Dad) \_\_\_\_\_ Office Phone (Mom) \_\_\_\_\_

Will You Allow Student's Name) \_\_\_\_\_ to swim?  YES  NO

I have read the above guidelines and hereby delegate to the Hobbs Board of Education and its school agents control of my  
respective son/daughter for the upcoming school-sponsored trip. I absolve the school and sponsors of all liability that may occur  
during the trip. I hereby authorize the chaperoning agents or instructors to incur expenses considered necessary and agree to pay  
for the same if this is not covered by an accident or sickness insurance policy. While sponsors will take care of minor disciplinary  
problems which arise on out-of-town trips, serious problems will include contacting the principal.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

Signed before me , this \_\_\_\_\_ day, of \_\_\_\_\_,

\_\_\_\_\_  
NOTARY

My Commission Expires: \_\_\_\_\_