

**Medical Authorization Form**  
**Spring Branch Agriculture Department/ Spring Branch FFA**  
**10660 Hammerly Blvd**  
**Houston, TX 77043**  
**713-251-1380 or 713-251-1300**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Age: \_\_\_\_ Address: \_\_\_\_\_  
Street City Zip

Parent/Guardian: \_\_\_\_\_  
Last First Relation

Father's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of person to contact if parent/Guardian is unavailable:

\_\_\_\_\_ Name Phone Relation

List any medication student is currently taking: \_\_\_\_\_

List any known medical problems or allergies: \_\_\_\_\_

Medical Insurance Information: \_\_\_\_\_  
Company Name Policy #

\_\_\_\_\_ Name of Insured Group #

**"In case of serious illness or accident, I request the activity sponsor(s) contact me. If I cannot be reached, I herewith authorize contact of the physician indicated above. If it is not possible to contact the physician, I authorize the Instructors/advisor to arrange for all necessary medical services for said child on my behalf."**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me the undersigned authority on this the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the County of Harris  
State of Texas