

Td or Tdap Booster _____
DATE

**PORTSMOUTH ABBEY SCHOOL
EMERGENCY MEDICAL AUTHORIZATION FOR SCHOOL EVENTS AWAY FROM SCHOOL**

NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____

EMERGENCY TELEPHONE NUMBER TO REACH PARENT _____

MEDICAL CONDITIONS TO BE AWARE OF _____

ALLERGIES OF STUDENT _____

MEDICATION STUDENT IS TAKING _____

I hereby give the coach or representative of Portsmouth Abbey School permission to seek and obtain medical care of _____ with the exception of _____ while away at authorized school events.

DATE _____

SIGNATURE OF PARENT OR GUARDIAN

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