



# ROYAL HIGH SCHOOL

Athletic Department/ Athletic Training

34499 Royal Rd. • Brookshire, TX 77423  
(281) 934-6657

## MEDICAL AUTHORIZATION FORM

To Whom It May Concern:

Authorization is hereby granted to provide medical services for the following student athlete for injuries occurred on, \_\_\_\_\_ while participating in the play or practice of interscholastic team sports for Royal ISD.

Please be advised that the student athlete's insurance is the PRIMARY coverage. In the event that the student athlete does not have any primary medical coverage or his/her primary policy is not accepted at the time of services are rendered, Royal ISD department of Athletics in cooperation with our athletic SECONDARY accident group insurance will assume responsibility for charges of medical services rendered and as a result will serve as the above mentioned student athlete's primary accident insurance provider. However, please note that there may still be a cost incurred on behalf of the student athlete which is the responsibility of the parent or legal guardian.

**IMPORTANT:** ANY ATHLETE THAT SEES ANY PHYSICIAN FOR ANY REASON MUST HAVE A NOTE FROM THAT PHYSICIAN TO RESUME PARTICIPATION.

Please sign below if you give your consent for Royal ISD athletic trainer to administer non-prescription over-the-counter (OTC) medicine to the above named athlete. OTC medications include but not limited to Tylenol, Motrin, Advil, Aleve, Pepto Bismol, Imodium, Benadryl, cough drops, electrolytes or their generics. NOTE: If you are asthmatic and require an inhaler you must provide one to the athletic trainer before participating

Student Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Parent Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

\*Esta forma esta transludada por el otro lado

