

Welch Public Schools Student Medical Release

PO Box 189 Welch, OK 74369

Phone (918)-788-3129

STUDENT INFORMATION

Student Name _____
Address _____
Sooner Care/Medicaid # _____ Name on Card _____
Parents/Guardians _____
Home Phone _____ Work Phone _____
Cell Phone _____

SCHOOL SPONSORS

Shelley Anderson	Greg Cruzan	Teresa Jones	Tammy Rogers
Barry Armstrong	Carolyn Dees	Teresa Kelley	Mike Schultz
Christina Armstrong	Stacy Ezell	Mandy Lester	Tabatha Schultz
Patsy Arnold	Sydni Fulks	Rhonda Mercer	JJ Seigel
Patty Bayless	Crystal Gleaves	April Miller	Jessica Smith
Stephanie Beaty	Ryan Gleaves	Gala Miller	Mona Stines
Kelli Biggs	Shannon Gomes	Kari Miller	Janey Sutton
Joe Bryson	Ashley Goodwin	Tobby Mills	Lane Ullrich
Ashley Chenoweth	Shawn Goodwin	Dawni Orlor	Becky Wimberly
Eric Chenoweth	Kim Hall	Trisha Perkins	Madonna Woolfolk
Shelly Chuckluck	Jeanie Horton	Jeremy Ramsey	Bricynn Hayward-Preaus
Bryson Cottrell	Misty Johnson	Katie Rogers	

PARENTAL PERMISSION FOR TREATMENT

I, _____, give permission for Welch Public Schools to seek medical
(parent/guardian please print)

treatment for _____ by physicians, coaches, trainers or other personnel
(student please print)

properly trained in the event treatment is deemed necessary.

Parent/Guardian Signature

Date