



**EMERGENCY MEDICAL FORM**  
**School Year 2016 - 2017**

Student Social Security # \_\_\_\_\_

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: (M) (F)

Address: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Cell Phone (Dad): \_\_\_\_\_ Cell Phone (Mom): \_\_\_\_\_

Work Phone (Dad): \_\_\_\_\_ Work Phone (Mom): \_\_\_\_\_

E-mail (Dad): \_\_\_\_\_ Email (Mom): \_\_\_\_\_

Who (other than parent) may be called in an emergency? \_\_\_\_\_ Telephone #: \_\_\_\_\_

Section 25.01 Texas Family Code enables the parent or guardian to authorize an educational institution (school official) to consent to medical treatment of a minor. In case of emergency, this authorization could be used to obtain medical treatment when unable to locate a parent or guardian quickly. As parent or guardian, I authorize school personnel to consent to medical treatment for my child in cases of emergency and to take my child to our doctor \_\_\_\_\_ phone # \_\_\_\_\_ or to the emergency room at \_\_\_\_\_ Hospital. If it is impossible to contact this physician the school may make whatever arrangements that seem necessary at the parents' cost.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL HISTORY** – Please circle which of the following conditions your child has had:

Allergies (Please List) \_\_\_\_\_

Asthma	Diabetes	Hepatitis	Pneumonia	Bronchitis	Measles	Convulsions
Ear Problems	Kidney Problems	Rheumatic Fever	Chicken Pox	Epilepsy	Scarlet Fever	Heart Disease
Mumps	Tonsillitis	Other Diseases (List) _____				

Is your child on any medication? \_\_\_\_\_ For what reason? \_\_\_\_\_

\*\*\*A copy of your child's updated vaccination record must be attached to this form.\*\*\*