

Emergency Medical Care Form											
STUDENT'S LAST NAME		FIRST Name		M		Birthdate		Age		Sex	
STUDENT'S				HOME TELEPHONE NUMBER							
Father						Mother					
Address						Address					
Telephone				Cell		Telephone				Cell	
Employer				Phone		Employer				Phone	
LIST FAMILY, FRIENDS, SITTERS WHO CAN BE CALLED UPON AN EMERGENCY											
Name:		Relationship:		Phone:		Cell #					
Name:		Relationship:		Phone:		Cell #					
Name:		Relationship:		Phone:		Cell #					
MEDICAL HISTORY											
Wears glasses _____ Has an identified hearing loss: _____											
Is allergic to _____											
Needs modifications/restrictions in Class due to _____											
Takes daily medication _____ For _____											
Drug Name _____ Medical Condition _____											
Have the following health problems, which might affect school attendance or require special consideration _____											
CONSENT FOR TREATMENT AT SCHOOL											
MY CHILD MAY BE EXAMINED OR TREATED BY THE SCHOOL NURSE OR OTHER DESIGNATED PERSONNEL FOR THE FOLLOWING: (CIRCLE YES OR NO)											
First aid needs such as minor cuts, abrasions, bruises, lesions, splinters, eye irritations or injuries, nosebleed, sore throat, cough, headache,											
Toothache, earache, nausea, vomiting, stomachache, or other condition requiring basic first aid measures: YES _____ NO _____											
CONSENT FOR EMERGENCY MEDICAL TREATMENT											
Section 25.01 (4), Texas Family Code, enables the parent or guardian to authorize an Educational Institution to consent to medical											
Treatment of a minor. In cases of emergency, this authorization may be used to obtain medical treatment for said minor when unable to locate a parent or guardian quickly.											

AS A PARENT OR GUARDIAN I AUTHORIZE INGLESIDE SCHOOL DISTRICT PERSONNEL TO OBTAIN AND CONSENT										
TO MEDICAL TREATMENT FOR THE ABOVE NAMED STUDENT IN CASES OF EMERGENCY.										
Family Physician:				Phone				Emergency Rm		
If it is not possible or medically feasible to contact this physician or to transport to this hospital, the school may make the necessary										
arrangements for medical care. I understand that the school will not assume any financial responsibility or obligation										
for medical c										
Parent/ Guardian Signature										Date