

# Student Emergency Card

## Nurse's Office 2018-2019

**Please Print**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Please provide the following information for emergency calls:

With whom does child reside: \_\_\_\_\_ Relation: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_ Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Employer: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_ Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Employer: \_\_\_\_\_

**Health Information:** List any health condition(s) such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, asthma, or any chronic conditions, etc: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medication/Food allergy:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medication taken regularly and why:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For hospital use only in case we are unable to reach you:**

Insurance Company/Policy #: \_\_\_\_\_ Doctor: \_\_\_\_\_

I, the undersigned, do hereby authorize officials of China Spring ISD to contact directly the persons named on this card, and do authorize the named physician to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health or aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

If your child has a diagnosis that could be potentially life-threatening (such as severe allergies, diabetes, asthma), it is the parent or guardian's responsibility to provide all life-saving medications and proper equipment. If you have not provided the school with the proper medications/equipment/information to treat your child and an emergency occurs, the school will have to obtain emergency medical treatment for your child. The parent/guardian will be responsible for all emergency expenses.

I, the undersigned, will not hold the school district or its employees responsible for the emergency care, transportation, or outcome in the event that I have failed to provide life-saving medications, supplies, or information needed to treat for said child.

Parent/ Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_