

STUDENT EMERGENCY CARD

Student I.D.# _____

Grade _____

Student Name (Last, First, MI) _____ Male/Female _____ DOB _____

Address _____ City _____ Zip _____

Home Phone (____) _____ Student Lives with: Mother _____ Father _____ Guardian _____

Mother/Guardian Information:

Father/Guardian Information:

Name _____

Name _____

Address _____

Address _____

Home Phone (____) _____

Home Phone (____) _____

Work Phone (____) _____ Ext. _____

Work Phone (____) _____ Ext. _____

Cell/Pager (____) _____

Cell/Pager (____) _____

E-mail _____

E-mail _____

Employer _____

Employer _____

Brothers/sisters in CISD (Names/ages) _____

**PERSONS TO WHOM STUDENT CAN BE RELEASED IN EVENT OF INJURY OR ILLNESS
IF PARENTS CANNOT BE REACHED**

Name _____ Relationship _____ Daytime Phone #s _____

Name _____ Relationship _____ Daytime Phone #s _____

Name _____ Relationship _____ Daytime Phone #s _____

Allergic to: Medicine _____ Foods _____ Other _____

Known Medical Conditions: Asthma _____ ADD _____ ADHD _____ Diabetes _____ Seizures _____

Other _____ **Regularly Taking Medication?** Yes _____ No _____

Medication _____ Reason _____ Dosage _____

Medication _____ Reason _____ Dosage _____

Medication _____ Reason _____ Dosage _____

PHYSICIAN NAME _____ Specialty _____ Phone (____) _____

Address _____ City _____ Fax (____) _____

Hospital Emergency Preference _____

MEDICAL POLICY: This card does NOT give us permission to dispense prescription or over the counter medications. The parent/guardian must complete a "Medication Request Form" for **EACH** medication prior to dispensing. All medications must be brought from home in the original container (**NOT expired**) and properly labeled. Medication will be reviewed periodically for expiration and will be discarded if necessary.

I (We), the undersigned, do hereby authorize officials of Coppell ISD or Coppell Debate Academy 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 the child. In the event physicians, other persons named on this card, or parents cannot be contacted, the school officials are authorized to take whatever action is deemed necessary in their judgment, for the health of the above named student.

I will not hold Coppell ISD or Coppell Debate Academy financially/legally responsible for the emergency care and/or transportation for the above named student.

Mother/Guardian _____ Father/Guardian _____