

SHARYLAND INDEPENDENT SCHOOL DISTRICT

SHARYLAND HIGH SCHOOL

STUDENT EMERGENCY CARD

I.D. _____

Birth Date _____

Grade _____

Student's name as it appears on birth certificate: _____
(Last) (First) (Middle)

Address: _____ Home Phone: _____
(City, State, Zip Code)

TO PARENT OR GUARDIAN: To serve your child in case of ACCIDENT OR SUDDEN ILLNESS, it is necessary that you furnish the following information for emergency calls.

Father/Guardian Name – (with whom the student resides) _____ Occupation _____ Wk # _____ Cell # _____

Mother/Guardian Name – (with whom the student resides) _____ Occupation _____ Wk # _____ Cell # _____

LIST TWO NEIGHBORS OR NEARBY RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED.

Name _____ Phone: _____

Relationship _____ Cell: _____

Name _____ Phone: _____

Relationship _____ Cell: _____

BROTHER/SISTER (S) Attending Sharyland I.S.D.

_____ Grade _____

_____ Grade _____

HEALTH INFORMATION: List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic condition, etc.

DOCTOR: 1ST Choice _____ 2ND Choice: _____

Phone: _____ Phone: _____

HOSPITAL CHOICE: _____ Phone: _____

Has student ever had chicken pox? If so what year? _____

I, the undersigned, do hereby authorize officials of Sharyland Independent School District to contact directly the persons named on this card, and do authorize the named physicians to render such treatments 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 of aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation of said child.

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

OFFICE USE ONLY:

IMMUNIZATION CLEAR **DELINQUENT** **RETURNEE** **NTD**
