

**EL PASO INDEPENDENT SCHOOL DISTRICT  
STUDENT EMERGENCY CARD**

STUDENT: \_\_\_\_\_ ID#: \_\_\_\_\_ Section: \_\_\_\_\_  
 Last First Grade: \_\_\_\_\_

**EMERGENCY INFORMATION RECORD/CONSENT FOR MEDICAL TREATMENT & RELEASE OF CHILD/STUDENT**

This form should be completed & returned to school and will be filed in the Health Office. In the event that a parent/guardian can not be reached, the following people have permission to pick up this student if they are sick or injured. This form must be renewed annually.

If my child, \_\_\_\_\_, Birth Date \_\_\_\_\_, HOME PHONE # \_\_\_\_\_  
 Needs medical attention for any emergency and I cannot be located, you have my permission & authority to call: \_\_\_\_\_

- 1) \_\_\_\_\_ Relative or Friend \_\_\_\_\_ Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_
- 2) \_\_\_\_\_ Relative or Friend \_\_\_\_\_ Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_
- 3) \_\_\_\_\_ Doctor and/or Hospital of Choice \_\_\_\_\_ Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

and the undersigned authorizes the authorities of the El Paso Independent School District to permit its designated representative to give consent to a physician and/or hospital for emergency medical care and/or surgical treatment when necessary to my child for injuries or sickness requiring emergency treatment. It is understood that the school and its representative does not assume any financial responsibility for any expense that might be incurred for said emergency treatment and that expense will remain the undersigned's. It is understood that the health information on this card may be shared by school authorities with other professionals as needed, per HIPAA/FERPA. This information and authority is to remain until revoked in writing by the undersigned.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
 If living with someone other than parents: (Guardian, etc.) Name: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Rank \_\_\_\_\_ Employer: \_\_\_\_\_ Rank \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name \_\_\_\_\_ BROTHERS AND SISTERS IN SCHOOL

- 1) \_\_\_\_\_ Grade \_\_\_\_\_ Name of School \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**SPECIAL PRECAUTIONS (indicate illness)**  
 Heart Trouble \_\_\_\_\_ Allergic To \_\_\_\_\_  
 Seizures \_\_\_\_\_ Asthma \_\_\_\_\_  
 Diabetes \_\_\_\_\_ Other \_\_\_\_\_  
 Hearing Impaired \_\_\_\_\_ ADHD/ADD \_\_\_\_\_  
 Daily Medication \_\_\_\_\_