International Leadership of Texas

Student Emergency Contact form \_\_\_\_\_\_\_\_\_

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| --- | --- |
| Student Name (Last, First) | DOB: |
| Address | City/zip |
| Parent contact #1 | Phone # |
| Parent contact #2 | Phone # |
| Emergency contact #1 | Phone # |
| Emergency contact #2 | Phone # |
| Physician: | Do you take any daily medicines? |
| Allergies (Food or Medicine) | Do you take any other medication? (Inhalers, Epi-pens, etc.) |
| Any other health concerns? (Asthma, seizures, heart conditions, etc.) | |

*\*Emergency contact forms must be renewed annually and are only good for one school year.*

By Signing below, you authorize ILT and employees to contact and release students to the above listed contacts. In the event of an emergency, illness or injury ILT will attempt to contact parents/guardians first.

In the unlikely case of a severe illness, injury or other emergency, please know that we will summon the emergency response, and transport your child to the nearest emergency room. The information above will be provided to EMS and ER personnel. Please ensure that it is complete and correct.

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Parent Name Parent Signature Date