

**STUDENT EMERGENCY RECORD  
SOUTH TEXAS I.S.D.**

Grade: \_\_\_\_\_ ID#: \_\_\_\_\_

School Year: \_\_\_\_\_

DOB: \_\_\_\_\_

Entry Date: \_\_\_\_\_

Last Name of Student		First Name	Middle Name
Address		City	Zip Code
Home Phone	Emergency Phone	Name	Relationship
Name of Father	Occupation	Business Phone	Cell Phone
Name of Mother	Occupation	Business Phone	Cell Phone
_____ Family Physician		_____ Choice of Hospital	

**EMERGENCY MEDICAL AUTHORIZATION**

I hereby authorize District employees to administer prescription, as well as nonprescription medication, when PROVIDED by me under the following provisions.

1. The District has received a written request to administer the medication from the parent, legal guardian or other person having legal control of the student.
2. When administering the medication, the medication must be in the original container and be properly labeled.
3. Medication obtained outside of the United States shall not be administered by district employees to students unless written authorization is on file from a physician licensed to practice in the United States.

I give authorization for the school to call the family physician and to follow the recommendations of the physician. I give authorization for an ambulance to be called, if necessary. I give authorization for another doctor to treat my child in case the family physician is not available. I give authorization for my child to be given the necessary medical attention in case the school cannot communicate with me. **I will not hold the school district financially responsible for the emergency care and/or transportation of my child.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**List any medication your child is taking:**

**At home** \_\_\_\_\_

**At school** \_\_\_\_\_

**All medication should be brought to the clinic on arrival to school. Medication should be brought to the clinic by the parent. Parents will complete proper forms when medication is dropped off**