

# Emergency Medical Care Form

Abernathy ISD School Nurse

Please print clearly and complete this entire medical information document for the nurse's office.

Student Name _____	Grade _____	DOB _____
Student Address _____		
Parent/Guardian _____	Email Address: _____	
Home Phone: _____	Cell Phone: _____	Work Phone _____

## Emergency Contact/Doctor Information

In case of emergency or illness, if the nurse is unable to reach parent/guardian, please give the name and address/phone for someone who would assume temporary care of your child.

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

Family doctor: \_\_\_\_\_ Office Number \_\_\_\_\_

Office Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

*I understand and hereby authorize officials of Abernathy ISD to contact directly the persons named above, and do authorize the names physicians to render treatment as may be deemed necessary in an emergency for the health of said student. In the event physicians, other persons named or parent cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the student listed above. I also understand that Abernathy ISD does not carry student insurance on their students. I will not hold the school district financially responsible for the emergency care and/or transportation for said student.*

**Signature of Parent or Guardian** \_\_\_\_\_

## Health Problems/Allergies

Are there any health problems or conditions that the nurse should be aware of regarding your child?  
(heart disease, epilepsy, severe allergies, asthma, pregnancy, or any chronic conditions)

Explanation \_\_\_\_\_

Allergic to any medications? Check one: Yes  No  If yes, to what? \_\_\_\_\_

## Permission to Give Medication

I give permission for the school nurse or designee to give over the counter medicine to my child if thought necessary. Please check all that apply. If the child develops a fever over one hundred (100°) the nurse will contact you the parent.

Tylenol \_\_\_\_\_ Motrin \_\_\_\_\_ Antacid (ie Tums©) \_\_\_\_\_ Benadryl \_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_