Plano East Senior High School Emergency Card

Student name: _____
Last First Middle

D.O.B: _____ Social Security #.: _____ ID#: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Father's name: _____

Address (if different from student): _____

Home phone: _____ Cell phone: _____

Mother's name: _____

Address (if different from student): _____

Home phone: _____ Cell phone: _____

Emergency contact: _____

Family doctor: _____

Pertinent Health Information: (Include conditions, allergies, etc.)

_____

_____

Insurance company: _____

Insurance address: _____

Insurer's name: _____ Policy #:_____

I, the undersigned, do hereby authorize employees of Plano Independent School District to contact directly the persons and health care providers named on this form, and do authorize the named physicians, clinic and/or hospitals to render such treatment as may be deemed necessary for the transportation and health care of said child. In the event the physicians, other persons named on this form or parents cannot be contacted, the school employees are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. (Section 35.01, Texas Family Code) I will not hold the school district financially responsible for the emergency care and /or transportation for said child.

I request that the physicians, dentists and staff of the medical facility perform and diagnostic procedure, treatment procedures, operative procedures and x-ray treatments and anesthetics as may be necessary for the diagnosis and treatment of my child. I authorize the medical facility to dispose of any specimen or tissue taken from named person.

I certify that I am a parent with legal control of the child, the child's legal guardian, or have the court ordered control of the child. I understand that I must notify Plano ISD in writing to change any information on this form or to revoke any consent given herein.

_____ _____ _____
Printed name of Parent/Guardian Signature of Parent/Guardian Date

_____ _____ _____
Printed name of Student Signature of Student Date