

CROSS ROADS INDEPENDENT SCHOOL DISTRICT

EMERGENCY & ILLNESS INFORMATION

IMPORTANT: RETURN THE FIRST WEEK OF SCHOOL

Student's Name _____ Grade _____ Date of Birth _____ Today's Date _____

Father's Name _____ Mother's Name _____

Home Address _____ Phone No. _____

PLACE OF EMPLOYMENT

Father _____ Working Hours _____ Business Phone _____

Mother _____ Working Hours _____ Business Phone _____

NAME OF LOCAL PERSON TO CONTACT IF PARENT(S) ARE'T AVAILABLE. (THIS MUST BE COMPLETED.)

Name _____ Address _____ Phone _____

HEALTH INFORMATION

DOES YOUR CHILD HAVE ANY UNUSUAL HEALTH CONDITIONS? YES NO IF YES, PLEASE INDICATE BELOW:

- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bee Sting Allergy |
| <input type="checkbox"/> Kidney/Bladder | <input type="checkbox"/> Other Allergy (List): _____ |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Internal Irregularities |
| <input type="checkbox"/> Diabetes - <input type="checkbox"/> Mild <input type="checkbox"/> Severe | <input type="checkbox"/> Convulsive Seizures |
| <input type="checkbox"/> Sight Impairment | <input type="checkbox"/> Surgical |
| <input type="checkbox"/> Wears Glasses | <input type="checkbox"/> Fractures |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Heart |
| <input type="checkbox"/> Physical Handicap (Describe): _____ | <input type="checkbox"/> Other _____ |

PHYSICIAN / DENTIST INFORMATION

Family Doctor _____ Office Phone _____

Address _____

Family Dentist _____ Office Phone _____

Address _____

INSURANCE INFORMATION

Company Name _____ Policy Number _____

Address _____

RELEASE

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgment in calling the physician indicated above, or if not available, to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.

Parent Signature

Date

Parent Signature

Date

SPECIAL NOTE: Please notify school officials immediately as to changes or modifications to any/all information stated.