

Medical Release and Emergency Information

NORTHSIDE INDEPENDENT SCHOOL DISTRICT

Teacher _____ Grade _____ SS# _____ ID# _____

Student's Name _____

Address _____
Last First Middle

_____ Street # Name Apt. # Zip
Date of Birth _____ Home Phone _____ Cell Phone _____

Father's Name _____ Father's Employer _____ Business Phone _____

Mother's Name _____ Mother's Employer _____ Business Phone _____

In case of illness or injury and I cannot be reached please call: (other than number listed above):

Alternate Adult	Phone Number	Relationship
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Alternate Adult	Phone Number	Relationship
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Northside Independent School District does NOT assume any financial responsibility but does wish to provide the best emergency service. By signing this form you are giving the appropriate school personnel authority to call the EMS or obtain medical care if you or the Alternate Adults cannot be reached.

Family Doctor _____ Phone _____

Preferred Hospital _____ Phone _____

Parent Signature	Date	Parent SS#
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My child has the following conditions: (write Yes or No)

_____ Convulsive Disorder	_____ Diabetes	Other _____
_____ Visual Problem	_____ Hearing Problem	_____
_____ Orthopedic Disability	_____ Heart Problem	_____
_____ Asthma	_____ Speech Problem	_____

My child is allergic to _____

What type of Reaction _____

Does this student take medication on a regular basis: Yes ___ No ___ If yes, list type and dosage and explain:

List brother(s) and sister(s) in Northside Schools:

Name	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____