Pebblecreek Montessori and Pebblecreek Elementary Medical & Emergency Information Card

Student _____ Classroom _____
Last First Middle
Address _____ Zip _____ Gender M F Race _____
Student's Date of Birth _____ Home Phone # _____
To Parent or Guardian: **To serve your child in case of ACCIDENT OR SUDDEN ILLNESS: It is necessary that you furnish the following information:**
Father's Name _____ Address _____
Employer _____ Work # _____ Cell # _____
Mother's Name _____ Address _____
Employer _____ Work # _____ Cell # _____
Please list two persons who will assume temporary care of your child in the event your cannot be contacted:
Name _____ Address _____
Daytime Phone _____ Relationship to child _____
Name _____ Address _____
Daytime Phone _____ Relationship to child _____
Pertinent Health Information (Include conditions, allergies, current medications and pertinent medical history)
_____
___
_____
___
Pediatrician _____ Phone # _____
Dentist _____ Phone # _____
Hospital _____ Phone # _____
_____
Insurance Company Phone # Name of Insured
_____
Employer Group # Policy # **(over)**

I, undersigned, do hereby authorize employees of Pebblecreek Montessori to contact directly the persons and health care providers named on this card, and do authorize the named physicians, clinics and/or hospitals to render such treatment as may be deemed necessary for the transportation and health care of the said child. In the event the physicians, other persons named on this card, 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 financially responsible for the emergency care and/or transportation for the said child.
I request that the physicians, dentists, and staff of the medical facility perform any diagnostic procedures, treatment procedures, operative procedures, x-ray treatments and anesthetics as may be necessary in the diagnosis and treatment of my child. I authorize the medical facility to dispose of any specimen or tissue taken from the named person.
I certify that I am the parent with legal control of the child, the child's legal guardian, or have other court ordered control of the child. I understand that I must notify Pebblecreek Montessori, in writing, to change any information on this form or to revoke any consent given herein. I understand that it is a penal code offense to falsify information for enrollment. I testify all information on this form to be true and correct.
NOTE: Some medical facilities will not recognize a medical release form if not notarized. It is highly recommended that you sign this form in the presence of a notary.

_____ _____ _____
Printed Name of Parent or Legal Guardian Signature of Parent or Legal Guardian Date

_____
Printed Name of Student

STATE OF TEXAS, COUNTY OF _____ Subscribed and sworn to before me this _____ day of _____ A.D. _____

_____
Notary Public, In and or the State of Texas

My commission expires _____