

Pebblecreek Montessori and Pebblecreek Elementary Medical/ Emergency Information Card

Student _____ Classroom _____

 Last First M.

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 _____ Home # _____

Employer _____ Work Phone (include cell/pager) _____

Mother's Name _____ Address _____ Home # _____

Employer _____ Work Phone (include cell/pager) _____

PLEASE LIST TWO PERSONS WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IN THE EVENT YOU 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)

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I, the 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 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 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 _____

FOR SCHOOL USE ONLY:

Incident #1

Incident #2

School official giving consent: _____

Date/Time of Emergency: _____

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