

MEDICAL INFORMATION CARD

Student Name _____ Date of Birth _____
Address _____ City _____ Zip _____
Phone _____ Known Allergies _____
Known Medical Problems _____

Parents or Legal Guardians Name _____
Home Phone _____ Cell Phone _____
Parents or Legal Guardians Employer _____
Address _____ City _____ State _____ Zip _____
Work Phone _____
Family Physician _____ Office Phone No. _____
Office Address _____
Emergency Contact other than parent/guardian _____
Emergency Contact Phone _____

INSURANCE INFORMATION

Company Name _____ Policy Number _____
Address _____ City _____ State _____ Zip _____
Applicable Phone Numbers _____
If Military: Rank _____ Unit _____ Serial Number _____

MEDICAL RELEASE FORM for PARENT OR GUARDIAN SIGNATURE

Student Name _____
School _____ Grade Level _____

I, the undersigned parent or legal guardian, do hereby request, authorize and consent to such care and treatment as may be reasonable and necessary as a result of any injury or sickness that the above-named student shall sustain. I understand that in the event medical treatment is necessary, that the School District will attempt to contact me first, but in the event I cannot be contacted, I do hereby request that such medical care and treatment as may be necessary shall be given to the above-named student by any physician, athletic trainer, nurse, hospital or school representative. I do hereby agree to indemnify and save harmless the School and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. It is understood that this indemnify agreement includes, without limitation, any claim that the School District or its representatives were negligent on the occasion in question. I am also aware, as the parent or legal guardian of the student, that all charges which may be incurred during the course of treatment of any sickness or injury will be my responsibility.

Signature of Parent or Legal Guardian

Date

H-E-B ISD DOES NOT PROVIDE COMPREHENSIVE HEALTH INSURANCE FOR STUDENTS
Supplemental Student Accident Insurance may be purchased to cover students through outside entity.
Check with your school office.