2025-2026 Hemphill ISD

EXTRA-CURRICULAR EMERGENCY CARE & INFORMATION CARD

(PLEASE PRINT)

STUDENT ID#_____ DATE:_____

STUDENT'S NAME:_____

LAST FIRST MIDDLE

GRADE: _____ BIRTH DATE:____/____/____ GENDER: FEMALE MALE

MM DAY YEAR (CIRCLE ONE)

STUDENT'S PHYSICAL ADDRESS:_____

STUDENT'S MAILING ADDRESS:_____

STUDENT'S CELL PHONE #:_____

HOME PHONE:_____ STUDENT LIVES WITH:_____

MOTHER/GUARDIAN:_____ CELL:_____

HOME PHONE:_____ WORK PHONE:_____

MOTHER/GUARDIAN EMAIL:_____

FATHER/GUARDIAN:_____ CELL:_____

HOME PHONE:_____ WORK PHONE:_____

FATHER/GUARDIAN EMAIL:_____

TRANSPORTATION: _____ CAR RIDER _____BUS (BUS #____) _____WALKER _____DRIVER

PLEASE LIST (3) DIFFERENT RELATIVE OR FRIENDS YOU ALLOW TO COME FOR YOUR CHILD OR WHO WILL KNOW WHERE TO REACH YOU.

NAME:_____ PHONE:_____

NAME:_____ PHONE:_____

NAME:_____ PHONE:_____

PHYSICIAN'S NAME:_____ PHONE:_____

CHECK IF YOUR CHILD HAS ANY OF THE FOLLOWING CONDITIONS:

_____ ABNORMAL TENDENCY TO BLEED _____ASTHMA _____ EPILEPSY/SEIZURES

_____ DIABETES _____HEART CONDITION _____ KIDNEY DISORDER

_____ CONTACT LENSES/EYEGLASSES _____HEARING AID

_____ OTHER (LIST LIFE-THREATENING OR SEVERE ALLERGIES AND TREATMENT) _____

_____

_____

_____

LIST DAILY MEDICATIONS:_____

_____

_____

THE ABOVE NAMED STUDENT HAS MY PERMISSION TO PARTICIPATE IN EXTRA- AND/OR CO-CURRICULAR ACTIVITIES AND TO TRAVEL WITH HEMPHILL ISD SPONSORED GROUPS TO COMPETE/PARTICIPATE IN THESE EVENTS. IF, IN THE JUDGMENT OF ANY REPRESENTATIVE OF THE SCHOOL, MY STUDENT SHOULD NEED IMMEDIATE CARE AND TREATMENT AS MAY BE GIVEN MY STUDENT BY ANY PHYSICIAN, TRAINER, NURSE OR SCHOOL REPRESENTATIVE, I DO HEREBY AGREE TO INDEMNIFY AND SAVE HARMLESS THE SCHOOL OR HOSPITAL REPRESENTATIVE FROM ANY CLAIM BY ANY PERSON ON ACCOUNT OF SUCH CARE AND TREATMENT OF MY STUDENT. I, THE PARENT/GUARDIAN, WILL ASSUME ALL EXPENSES INCURRED BY THIS TREATMENT.

PARENT/GUARDIAN SIGNATURE;_____ DATE:_____