## **2023-2024** HEMPHILL ISD EXTRA-CURRICULAR EMERGENCY CARE & INFORMATION CARD (PLEASE PRINT)

	STUDENT ID#		DATE:	
	STUDENT'S NAME:			
	LAST	FIRST	MIDDLE	
		OATE: / / GEND	(CIRCLE ONE)	
		ESS:		
		SS:		
	HOME PHONE: STUDENT LIVES WITH:			
	MOTHER/GUARDIAN:		CELL #	
	HOME PHONE: WORK PHONE: _		PHONE:	
	MOTHER/GUARDIAN	I EMAIL:		
	FATHER/GUARDIAN:	AN: CELL #		
	HOME PHONE: WORK PHONE:		PHONE:	
	FATHER/GUARDIAN EMAIL:			
		ler Bus (Bus #)		
	PLEASE <u>LIST (3) DIFFERENT REL</u>	ATIVE OR FRIENDS YOU ALLOW TO	COME FOR YOUR CHILD OR WHO	
	WILL KNOW WHERE TO REACH YOU.			
	NAME: P		·	
	NAME:	PHONE:	<u> </u>	
	NAME:	PHONE:	PHONE:	
	CHECK IF YOUR CHILD HAS ANY OF THE FOLLOWING CONDITIONS:			
	Abnormal tendency to bleed	Asthma	Epilepsy	
	Diabetes	Heart Condition	Kidney Disorder	
	Contact lenses/eye glasses	Hearing Aid		
List Allergies & Treatment				
List Daily Medication				
	compete/participate in these events. If, in the jugiven my student by any physician, trainer, nur	se or school representative, I do hereby agree to indem	nt should need immediate care and treatment as may be	
		<del> </del>		