



Emergency Consent Form 2011-2012

Student _____

Parents _____

Emergency contact numbers:

Doctor's Name _____

Number _____

Emergency Contacts: The parent or guardian is required to list at least one person who could assume responsibility for your child if you could not be reached immediately in an emergency. Examples, if your child was sick or injured and you were not assessable, or if you experience sudden illness and were injured between work and picking up your child.

Name: _____

Name: _____

Relationship _____

Relationship _____

Address: _____

Address: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Non-Emergency Alternate Pick-up Person(s) I, _____

Parent/ Guardian

Date Signed

I authorize the following individuals to pick up my child on a non-emergency basis.

Name: _____

Name: _____

Relationship _____

Relationship _____

Address: _____

Address: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Driver's License Number _____

Driver's License Number _____

Emergency Medical Treatment Transportation Authorization for school year 2011-2012

I hereby give permission for the staff of The Hearing School of the Southwest to provide simple first aid treatment to my child _____ when necessary, and in the event of a more serious injury or illness, I give permission for my child to be transported to a hospital or other emergency medical facility to receive medical treatment . I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by The Hearing School of the Southwest personnel as soon as possible regarding any emergency involving my child.

Signature

Date

State of Texas
County of _____

This instrument was acknowledged before me this ____ day of _____ 20____.

Signature of Notary Public

Printed Name of Notary Public, State
Of Texas