



Brazosport ISD Medical Emergency Form

Student's Legal Name: _____ School Year: _____
 Last First Middle

Date of Birth _____ Sex: M _____ F _____ Grade: _____
 Month / Day / Year

Street Address _____ City _____ Zip _____ Mailing Address _____ City _____ Zip _____

Student's Physician's Name: _____ Address: _____ Phone: _____

The student lives with: (circle one) Father Mother Both Guardian Other (please specify) _____

 Mother's Name Mother's Home Phone Mother's Work Phone Mother's Cell Phone

 Father's Name Father's Home Phone Father's Work Phone Father's Cell Phone

LIST TWO NEIGHBORS OR NEARBY RELATIVES WHO WILL ASSUME TEMPORARY CARE OF THE STUDENT IF YOU CANNOT BE REACHED.

1. _____
 Name Relationship to Student Home Phone Work Phone Cell Phone

2. _____
 Name Relationship to Student Home Phone Work Phone Cell Phone

Does the student have/had any of the following conditions? If yes, please explain.

- Yes No Asthma (Name of Inhaler) _____
- Yes No Allergies: Respiratory _____ Medication _____ Food _____ Other _____
- Yes No Carries an EpiPen for allergic reaction to _____
- Yes No Chickenpox: If yes, when? Month _____ Year _____
- Yes No Diabetes _____
- Yes No Hearing Impairment/Tubes _____
- Yes No Heart Condition _____
- Yes No ADD/ADHD (Name of Medication) _____
- Yes No Stomach/Colon Disorder _____
- Yes No Kidney Disorder _____
- Yes No Orthopedic Impairment _____
- Yes No History of **severe** allergic reaction to insect bites that requires medication or emergency care _____
- Yes No Seizure Disorder/Epilepsy (Name of Medication) _____
- Yes No Migraine Headaches (Name of Medication) _____
- Yes No Visual Impairment - Wears glasses or contacts (circle one) _____
- Yes No Takes prescribed medication daily at home (Name of medication) _____
- Yes No Needs to take daily medication at school (Name of medication) _____
- Yes No Restricted activities due to physical or medical condition _____
- Yes No Other Disability/Health Problem _____

Students MUST have a current Doctor note on file in order to carry epi-pens, asthma inhalers and diabetic supplies.

***** NOTE: All medications MUST 1. Be transported to and from school by parent or guardian. 2. Have a parent/guardian permission note to be given at school. 3. Be in the original bottle/container.**

IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE B.I.S.D OFFICIALS TO SECURE MEDICAL TREATMENT. I UNDERSTAND THE STUDENT IS GENERALLY TRANSPORTED BY AMBULANCE TO THE NEAREST EMERGENCY CARE FACILITY. I WILL NOT HOLD THE SCHOOL DISTRICT OR ITS EMPLOYEES FINANCIALLY RESPONSIBLE FOR THE EMERGENCY CARE AND / OR TRANSPORTATION FOR SAID STUDENT.

 Parent/Guardian Signature (REQUIRED)

 Date