

Coahoma Independent School District

Emergency Information Card

Name: _____ Date of Birth: _____
 School: _____ Grade: _____ Student ID # _____
 Home Address: _____ Phone(Home): _____
 Father/Guardian's Name: _____ Phone(Cell): _____
 Place of Employment: _____ Phone(Work): _____
 Mother/Guardian's Name: _____ Phone(Cell): _____
 Place of Employment: _____ Phone(Work): _____
 Alternate Emergency Contact: _____
 Relationship to Student: _____ Phone(s): _____

Medical History

ALLERGIES

NONE
 Medicine: _____
 Stinging Insect: Bee Wasp Other _____
 Food: _____
 Pollen (Hayfever)
 Other: _____

GENERAL HEALTH

Do you have a family history of any of the following?
 Heart Disease Relationship: _____
 High Blood Pressure Relationship: _____

Do you have or have you ever had, any of the following?
 Asthma Do you use an inhaler? Yes No
 High Blood Pressure
 Heart Murmur

Have you ever had a head injury or concussion? Yes No

Have you ever become ill or passed out from exercising in the heat? Yes No

Have you ever broken or fractured a bone? Yes No

Any Other Medical Conditions: _____

PERSONAL INSURANCE INFO

This student IS NOT COVERED by any type of health insurance.
 This student IS COVERED by personal health insurance.
 Company: _____
 Policy Holder: _____
 Insurance Co. Phone #: _____

If, in the judgment of any representative of Coahoma ISD, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school district and any school representative from any claim by any person whatsoever on account of such care and treatment of said student.

Signature of Parent/Guardian: _____ Date: _____