

PASAR 2009-2010 EMERGENCY INFORMATION/AUTHORIZATION CHANGE FORM

Student Name: _____ Student ID: _____ School: _____
Last, First Middle Nickname

Student Name: _____ Student ID: _____ School: _____
Last, First Middle Nickname

Student Name: _____ Student ID: _____ School: _____
Last, First Middle Nickname

Parent/Guardian	Student Lives with: Yes <input type="checkbox"/> No <input type="checkbox"/>	Address		E-Mail Address
Relationship	Home Phone	Cell Phone	Work Phone	Employer
Parent/Guardian	Student Lives with: Yes <input type="checkbox"/> No <input type="checkbox"/>	Address		E-Mail Address
Relationship	Home Phone	Cell Phone	Work Phone	Employer

List 4 PERSONS who will assume temporary care of (pick up) your child within 30 minutes if you cannot be contacted:

ADD/DELETE

- Name: _____ Home: _____ Cell: _____ Relationship: _____
(First & Last)
- Name: _____ Home: _____ Cell: _____ Relationship: _____
(First & Last)
- Name: _____ Home: _____ Cell: _____ Relationship: _____
(First & Last)
- Name: _____ Home: _____ Cell: _____ Relationship: _____
(First & Last)

All Health Action Plans must be completed and turned in before the start of School/PASAR/Summer School

List/Describe changes in current health problems or dietary restrictions:

Student's Name	No Known Health Issues	List/Describe Current Health Problems or Dietary Restrictions	List <u>ALL</u> Allergies	List ALL Medications Taken/Treatments (taken at home & at school)	List Doctor's Name/Phone Number and Preferred Hospital
1.					
2.					
3.					

1. I, the undersigned, do hereby authorize employees of Plano Independent School District to contact directly the persons and health care providers named on this form, and do authorize the named physicians, clinics and/or hospitals to render such treatment as may be deemed necessary for the transportation and health care of said child. In the event the physicians, other persons named on this form, or parents cannot be contacted, the school employees are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child (Section 35.01, Texas Family Code). I will not hold the school district financially responsible for the emergency care and/or transportation for said child.
2. I request that the physicians and staff of the medical facility perform any diagnostic procedures, treatment procedures, operative procedures, and x-ray treatments and anesthetics as may be necessary in the diagnosis and treatment of my child. I authorize the medical facility to dispose of any specimen or tissue taken from named person.
3. I certify that I am a parent with legal control of the child, the child's legal guardian, or have other court ordered control of the child. I understand that I must notify Plano I.S.D. in writing to change any information on this form or to revoke any consent given herein. I understand it is a penal code offense (Section 37.10, Penal Code; Texas Education Code 25.001(h)) to falsify information for enrollment. I testify that all information on this document to be true and correct.

Signature of Parent/Guardian

Date