

# ERA ISD EMERGENCY CARE FORM 2011-2012

GENERAL INFORMATION	
Student Name	Grade
Parent(S)/Guardian(S)	
Address	
City, State	ZIP
E-Mail Address	

PHONE NUMBERS	
<i>Telephone numbers and parent names where they may be reached (please list as many as possible)</i>	
Home (     )	Work (     )
Cell (     )	Cell (     )
Pager (     )	Other (     )

MEDICAL/RELEASE AUTHORIZATION	
<i>In case of accident or sudden illness of the above named child, and in the event that I/we cannot be reached immediately by telephone, I hereby authorize a representative of the Era School to refer the child for medical attention.</i>	
Parent/Guardian Signature	Date

<i>In case of illness not requiring a physician, and in the event that I/we cannot be reached, I/we authorize a representative of the Era School to take/release the above named child to the following:</i>	
Name Of Relative, Neighbor, Or Friend	
Address	
Phone	
Parent/Guardian Signature	Date

YES     NO     I authorize the Era P.T.O. to print my name, address, telephone number, and e-mail address in the P.T.O. school directory for publication this school year.