

EISD Career Preparation Center Emergency Information

(Please Print)

Student's Name _____ Program _____ Section _____

Address _____ Home Phone _____ unlisted? Y N *(NOT given out)*

City _____ State _____ Zip _____ Birthdate _____ *(NOT given out)*

student e-mail address most used _____

Student resides with: **MOTHER FATHER BOTH** (please circle)

Where parent/guardian can be reached if not at home:

Mother _____ Home Phone No. _____ Work Phone No. _____

Address _____ Cell Phone _____

e-mail address most used _____ Send reports to this mailing address: Y N

Father _____ Home Phone No. _____ Work Phone No. _____

Address _____ Cell Phone _____

e-mail address most used _____ Send reports to this mailing address: Y N

Please indicate if you are a Ward of the Court _____ or in Foster Care _____

I hereby grant permission for the above student to participate in district approved, class related field trips supervised by the instructor. Y N

I hereby grant Eaton ISD Career Preparation Center permission to photograph/videotape my child as they deem necessary for school use and/or media release. Y N

I hereby grant permission for my student to be transported by an EISD staff member, when necessary. Y N

In case of accident or serious illness, if the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow instructions given. If it is impossible to contact this physician the school may make whatever arrangements deemed necessary.

(Please Print)

Physician: _____ Phone: _____

Medical Insurance: _____ Policy Number: _____

Emergency contact name A: _____ Relationship: _____

Emergency contact home phone: _____ Work phone: _____

Emergency contact name B: _____ Relationship: _____

Emergency contact home phone: _____ Work phone: _____

Allergies: _____

Other conditions: _____

Medications taken daily: _____

Signature of Parent/Guardian _____ Date _____