

School Year: _____

EMERGENCY INFORMATIONSTUDENT'S NAME: _____
Last FirstSTUDENT'S ADDRESS: _____
Street City State Zip Code

STUDENT'S HOME PHONE: _____ STUDENT'S CELL PHONE: _____

STUDENT'S EMAIL: _____ PARENT'S EMAIL: _____

D.O.B. _____ GRADE: 9 10 11 12 MALE FEMALE

	NAME	PLACE OF EMPLOYMENT	WORK NUMBER	CELL NUMBER
MOTHER				
FATHER				
GUARDIAN				

ALTERNATE PERSONS to be responsible for child in case of illness or if parents cannot be contacted:

NAME	HOME NUMBER	CELL NUMBER

Does child have any Medical Conditions? YES NO Example: Diabetes, Seizures, Etc.

If yes, Please list: _____

DOES CONDITIONS REQUIRE SPECIAL MEDICATION? _____ Name of Medication: _____

Does Child have any Allergies? YES NO If Yes, Please list: _____

Doctor to Notify: _____ Phone Number: _____

If in the judgment of any representative of the school, the above student should need 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 said student by any physician, trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

Signature of Parent or Guardian_____
Date

**Lampasas Independent School District Consent
Release Form for Travel**

STUDENT'S NAME: _____ STUDENT'S SOCIAL SECURITY#: _____

I give the above named student permission to travel to school related activities under the direction of Lampasas ISD Administration and Faculty. In consideration for such participation, on behalf of anyone who represents the interests of the above student, I release and forever discharge LISD, its employees, officers and agents, from any claim, demand, action, or suit for any bodily injury, death or property damage which results or may result from such participation.

If, in the judgment of any representative of Lampasas Independent School District, the above students should need immediate care and treatment as a result of any injury or sickness, I request the school to contact me at _____. However, if the school is unable to reach me, I hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

I affirm that I have carefully read this release, that I understand all the agreements stated in this release, and that I have signed the release of my own free will.

Signature of Parent or Guardian_____
Date