## STUDENT EMERGENCY RECORD SOUTH TEXAS I.S.D.

ade:			School Year:
B:			Entry Date:
t Name of Student	First Na	ame Middle	e Name
dress	City	Zip Co	de
me Phone	Emergency Phone	Name	Relationship
me of Father	Occupation	Business Phone	Cell Phone
me of Mother	Occupation	Business Phone	Cell Phone
Family Physician		Choice of Hospital	
	EMERGENCY MI	EDICAL AUTHORIZATION	
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under the following p	istrict employees to administer presc provisions. ceived a written request to administe	_	
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All medication should be brought to the clinic on arrival to school. Medication should be brought to the clinic by the parent. Parents will complete proper forms when medication is dropped off