

Dear Parent,

Your child will soon be attending a field trip with his/her class. To serve your child in case of an ACCIDENT OR SUDDEN ILLNESS, it is necessary that you furnish the following information for emergency calls.

Student Name: _____ Teacher: _____

Address: _____

Allergies: _____ Current Medications: _____

Health Conditions: (diabetes, heart disease, epilepsy, asthma, etc.)
explanation: _____

Mother's Name: _____ (H)Phone _____ (W)Phone _____

Father's Name: _____ (H)Phone _____ (W)Phone _____

I, the undersigned, do hereby authorize officials of Crandall Independent School District and/or emergency medical personnel to render such treatment as may be deemed necessary in an emergency, for the health of said child in the event that the parents cannot be contacted.
I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent or Legal Guardian _____ Date: _____
