

Channelview Independent School District
CHANNELVIEW HIGH SCHOOL
Emergency and Health information

Student's Name: _____ SS # _____
(Last) (First) (Middle)

Grade: _____ Age: _____ Sex: F M Date of Birth: _____
(Month, Day, Year)

Address: _____ Phone: _____

Father's (or guardian's) Name: _____

Father's place of employment & address: _____

Father's work phone: _____ Home Phone: _____

Mother's Name: _____

Mother's place of employment & address: _____

Mother's work phone: _____ Home Phone: _____

Student lives with: _____

Address: _____ Phone: _____

Relation to student: _____ (If other than parent(s), proof of legal guardianship must be presented)

In case of emergency and unable to reach parents; the school has permission to call:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

In the event of an emergency or accident, the following health information is necessary so that we may be able to act in your child's behalf.
This information will be kept CONFIDENTIAL.

Name of Doctor: _____ Phone: _____

Address of Office: _____

Medical Insurance Company: _____

Group or Certificate Number: _____

if we are unable to locate you or your doctor, may we have permission to take your child to the nearest hospital? Yes No

Does student take any regular medications? Yes No

Has student had surgery? If so, what kind and when? _____

Any other medical problems which need to be brought to our attention: _____

Today's Date: _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

(Should any of the above information change, please notify the school)