



577 Washington St.  
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[www.olorschool.org](http://www.olorschool.org)

## Health Emergency Data Card

2018 - 2019

Name \_\_\_\_\_ Grade \_\_\_\_\_

Last (Apellido)

First (Nombre)

Middle(Segundo Nombre)

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ S.S.# \_\_\_\_\_

Direccion

Fecha de Nacimiento

Seguro Social

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Ciudad

Codigo

Telephone

Cellular

Mother \_\_\_\_\_ Work Phone \_\_\_\_\_

Mama

Telefono de Trabajo

Father \_\_\_\_\_ Work Phone \_\_\_\_\_

or legal guardian / Papa o tutor

Telefono de Trabajo

Business Address \_\_\_\_\_

Direccion del Trabajo

Mother (Mama)

Father(Papa)

List **two** friends, neighbors or nearby **relatives** who will assume temporary care of your child, if you cannot be reached or in case of an emergency. In case of a school **evacuation** the **first** name listed will be allowed to pick up my child, If I cannot be reached.

Name(Nombre) \_\_\_\_\_ Address (Direcccion) \_\_\_\_\_ Phone \_\_\_\_\_

Name(Nombre) \_\_\_\_\_ Address(Direccion) \_\_\_\_\_ Phone \_\_\_\_\_

I, the undersigned, do hereby authorize the officials of Our Lady of Refuge School to contact directly the persons names on this card, and or authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that the physicians, other than the persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school or the Diocese of Laredo financially responsible for the emergency care and/or transportation for said child. I understand that this is a permanent emergency record for this school year, and I will furnish the school with any change in the information on this card.

<b>Health Conditions:</b>	Diabetes	Convulsions	Heart
	Allergies	Medication	Eyes
	Ears	Asthma	Hemophilia

Physician (Doctor): \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ Hospital \_\_\_\_\_

In case of a serious accident or illness, I authorize Our Lady of Refuge School to transport my child to Ft. Duncan Medical Center.

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Signature of parent or Guardian (Firma de Padre o Tutor)

Date (Fecha)