

**COLUMBIA INDEPENDENT SCHOOL
STUDENT EMERGENCY CARD 2009-10**

Student Name _____ Grade _____ D.O.B. _____

Address _____ Home Phone _____
City Zip Code

Father's Name _____ Cell/Beeper _____

Father's Employer _____ Father's Work Phone _____

Father's Address (if different from above) _____

Mother's Name _____ Cell/Beeper _____

Mother's Employer _____ Mother's Work Phone _____

Mother's Address (if different from above) _____

Emergency Contact Person _____ Phone _____

Doctor's Name _____ Phone _____ Preferred Hospital _____

List persons allowed to pick up student _____ Phone _____

_____ Phone _____

_____ Phone _____

Over please →

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Doctor's Name _____ Phone _____ Preferred Hospital _____

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Over please →

1. Please list any allergies or health conditions that might lead to a medical emergency _____

2. Please list any concerns of which the staff should be aware? (counseling, custodial, etc.) _____

3. Please list ANY medications taken regularly _____
4. Do you give permission for your children to take Tylenol/Motrin? yes / no
5. Do you give permission for your child to be photographed, video-taped, or interviewed by reporters: yes / no
6. Do you give permission for your child's individual photograph to be published on the school website? No names will be used with the photographs. yes / no
7. Do you give permission for your child's intellectual work (ex. artwork, writing, school projects, etc.) to be published on the school website? yes / no
8. Do you give permission for your child to leave the CIS campus on walking field trips under the supervision of a faculty member? yes / no
9. If you would like to receive weekly CIS email updates please provide an email address

Parent/Guardian Signature _____ Date _____

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