

Diocese of Victoria-Emergency Medical Data Card

Student's Name (Last, First, Middle) Birthday(M/D/Y) M/F
Address _____ Sex Grade

Father's Name _____ Employer _____

Mother's Name _____ Employer _____

Guardian's Name _____ Employer _____

Home Phone _____

Mother's Work _____ Cell Phone _____ Email _____

Father's Work _____ Cell Phone _____ Email _____

Who (other than parents) may be called in an emergency?

1. _____ Phone _____

2. _____ Phone _____

Section 32.001, Texas Family Code, enables the parent or guardian to authorize an educational institution (school office) to consent to medical treatment of a minor. In case of an emergency, this authorization could be used to obtain medical treatment when unable to locate a parent or to take my child to our doctor or to the emergency room at the hospital. I have listed name of doctor and hospital to be used. If it is impossible to contact this physician, the school may make whatever arrangements that seem necessary.

Family Physician _____ Phone _____ Hospital _____ Phone _____

Signature of Parent or Guardian _____ Date _____

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