

**McKinney Independent School District
Co-Curricular/Extracurricular Emergency Medical Form**

Co-curricular/extracurricular activities are considered an extension of the school day therefore McKinney ISD policies continue to be in effect. This includes policies for medication usage. The following guidelines are in effect for all secondary activities and trips. **This form may be viewed by a parent volunteer in the event of an emergency in the absence of an MISD employee.**

Student Name: _____ **ID#** _____ **Grade:** _____

Parent/Guardian Name(s): _____ **Emergency number(s)** _____
(Last) (First)

Address: _____ **Home Phone:** _____

Health History: (Check...give approximate dates, if applicable)

- Frequent ear infections _____
- Headaches _____
- Heart defects/disease _____
- Seizure disorder _____
- Bleeding/clotting disorders _____
- Hypertension _____
- Emotional disturbances _____

- Diseases:**
- Diabetes _____
 - Sickle Cell _____
 - Asthma _____

- Allergies:**
- Hay fever _____
 - Poison ivy, etc. _____
 - Insect stings _____
 - Penicillin _____
 - Other drugs _____

Disabilities, diseases, chronic or recurring illness: _____

Current medication (send with MISD medical form): _____

Any specific activities to be limited by physician advice: _____

Any medically prescribed meal plan or dietary restrictions: _____

Any known allergies (food, drugs, plants, insects, etc.): _____

Dates of operations, serious injuries, psychiatric counseling or hospitalization: _____

Additional health information: _____

Medications must be provided by the parent in the original container or package with a signed MISD medication form and adhered to MISD medication policy.

PLEASE NOTE: If any medications are found on the student's person or in his/her possession he/she may be subject to disciplinary action.

Signature of Parent or Guardian _____ **Date** _____

If parents cannot be reached in case of emergency, please contact:

Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

This health form is correct so far as I know, and the person listed above has permission to engage in all prescribed activities except as noted.

In case of injury or serious illness during any trip, I hereby grant permission for school employees to secure medical services for the student named on this sheet. Such treatment will be administered only by licensed medical personnel. I agree to accept responsibility for all authorized doctor, hospital and medical expenses.

Signature of Parent or Guardian: _____ **Date:** _____