

**ODESSA R-VII SCHOOL DISTRICT EMERGENCY INFORMATION**

Please print legibly and use **BLUE INK.**  
Complete reverse side with Health Information

Date Completed: \_\_\_\_\_

Bus #: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher/Best \_\_\_\_\_

**SECTION I**

Student's Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Last First Middle

**Ethnicity: Hispanic Non-Hispanic (Circle one)** Social Security #: \_\_\_\_\_  
(Optional)

**Race(Circle): White, Black, Asian, Hawaiian/Pacific Islander, Native American/Alaskan Multi-Racial - \_\_\_\_\_ & \_\_\_\_\_**

Student Cell Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Is there an Order of Protection, Exparte or special court ordered custody documentation? Yes No

**\*Please explain:** \_\_\_\_\_

**Please provide a copy of the legal documentation to our office.**

**Parent/Guardian and Spouse/Significant Other (Student Primarily resides with)**

**#1:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: Lafayette Johnson Other \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Use for all School communication

**#2 (Spouse/Significant Other)**

\_\_\_\_\_ Relationship: \_\_\_\_\_  
Last First

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Use for all School communication

**Parent/Guardian and Spouse/Significant Other (Alternate household)**

**#3:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: Lafayette Johnson Other: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Use for all School communication

**#4 (Spouse/Significant Other)**

\_\_\_\_\_ Relationship: \_\_\_\_\_  
Last First

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Use for all School communication

**SECTION II**

**\*\*Odessa R-7 School personnel will not release students to persons under 18 years of age. \*\***

In an emergency or major disaster during school hours, the Odessa R-7 School District will only release students to the parents/guardians listed in Section II on the reverse side. It is suggested that parents/guardians call the school and update this information as needed.

**HEALTH INFORMATION - Student's Name** \_\_\_\_\_

\_\_\_\_ Check here if **YOU DO NOT** want stocked Epi Pen given for Life Threatening anaphylaxis.

\_\_\_\_ Check here if **YOU DO NOT** want stocked Albuterol inhalation therapy given for Life Threatening asthma attack.

**Persons to contact for health or illness emergency (list by preference)**

1. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Work phone: \_\_\_\_\_
2. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Work phone: \_\_\_\_\_
3. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Work phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

**MY CHILD HAS THE FOLLOWING HEALTH CONDITIONS. (Please check those that apply.)**

**ASTHMA:** Yes \_\_\_ No \_\_\_ Triggered by: \_\_\_\_\_

mild \_\_\_ moderate \_\_\_ severe \_\_\_

Treatment(s): \_\_\_\_\_

Comments: \_\_\_\_\_

**SEIZURES:** Yes \_\_\_ No \_\_\_ Frequency: \_\_\_\_\_

Describe seizures: \_\_\_\_\_

Comments: \_\_\_\_\_

**DIABETES:** Yes \_\_\_ No \_\_\_ Type I \_\_\_ Type II \_\_\_

Insulin: \_\_\_\_\_

Insulin administration will be required during school hours. Yes \_\_\_ No \_\_\_

When? \_\_\_\_\_ By whom? \_\_\_\_\_

Blood glucose monitoring will be required during school hours. Yes \_\_\_ No \_\_\_

When? \_\_\_\_\_ By whom? \_\_\_\_\_

**ALLERGIES:** Yes \_\_\_ No \_\_\_ If yes, please list below and circle appropriate description.

Please list:	_____ mild/moderate/severe	_____ mild/moderate/severe
	_____ mild/moderate/severe	_____ mild/moderate/severe
	_____ mild/moderate/severe	_____ mild/moderate/severe

Comments: \_\_\_\_\_

**OTHER HEALTH CONCERNS:**

Please list and explain any condition, illness, or past injury that could affect your child's attendance or performance at school. \_\_\_\_\_

**Does this student need to be seated near the front of a classroom due to vision, hearing, or health concerns?**

Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

**MEDICATION TAKEN AT:**

Home: \_\_\_\_\_ School: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(PARENT/GUARDIAN SIGNATURE)