

**PLANO INDEPENDENT SCHOOL DISTRICT  
FINE ARTS SUMMER STUDENT EMERGENCY INFORMATION/AUTHORIZATION FORM**

Student's Legal Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_      Grade \_\_\_\_\_       Male       Female

Name Child Goes By \_\_\_\_\_  
 Area Code \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Race \_\_\_\_\_

**IMPORTANT HEALTH INFORMATION: Please list health conditions, allergies (drug or food, etc.), daily medications and medical history. A doctor's note is required to have a food substitute.**

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**PLEASE FURNISH THE FOLLOWING INFORMATION IN CASE OF ACCIDENT OR SUDDEN ILLNESS. PLEASE PLACE AN "X" FOR EACH PARENT/GUARDIAN THE STUDENT LIVES WITH:**

Parent/Guardian	Lives with <input type="checkbox"/>	Parent/Guardian	Lives with <input type="checkbox"/>	Parent/Guardian	Lives with <input type="checkbox"/>
Name		Name		Name	
Employer		Employer		Employer	
Work Phone (    )		Work Phone (    )		Work Phone (    )	
Cell Phone (    )		Cell Phone (    )		Cell Phone (    )	
Email		Email		Email	
<b>(Enter information below if different than student)</b>		<b>(Enter information below if different than student)</b>		<b>(Enter information below if different than student)</b>	
Home Address		Home Address		Home Address	
Phone (    )		Phone (    )		Phone (    )	

**List two persons who will assume temporary care of your child within 30 minutes if you cannot be contacted.**

Name	Daytime Phone (    )	Relationship
Name	Daytime Phone (    )	Relationship

**PHYSICIAN AND INSURANCE INFORMATION**

Doctor	Phone	Name of Insured	Employer
Hospital	Address	Group Number	Policy Number

I, the undersigned, do hereby authorize employees of Plano Independent School District to contact directly the persons and health care providers named on this card and do authorize the named physicians, clinics and/or hospitals to render such treatment as may be deemed necessary for the transportation and health care of said child. In the event the physicians, other persons named on this card, or parents cannot be contacted, the school employees are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. (Section 35.01, Texas Family Code). I will not hold the school district financially responsible for the emergency care and/or transportation of said child.

I request that the physicians, dentists and staff of the medical facility perform any diagnostic procedures, treatment procedures, operative procedures, x-rays and anesthetics as may be necessary in the diagnosis and treatment of my child. I authorize the medical facility to dispose of any specimen or tissue taken from named person.

I certify I am a parent with legal control of the child, the child's legal guardian, or have other court ordered control of the child. I understand that I must notify Plano ISD in writing to change any information on this form or to revoke any consent given herein.

Printed Name of Parent/Guardian	Signature of Parent or Legal Guardian	Date
Printed Name of Student	Additional Signature of Student (If 18 or more years of age)	Date

**CHECK THE APPROPRIATE BOXES BELOW TO INDICATE YOU HAVE READ AND UNDERSTAND THE FOLLOWING AUTHORIZATION STATEMENTS:**

**1. Publications, Video, Internet, Artwork Display, Consent and Release Agreement** (Student/Parent Policy Guide; <http://k12.pisd.edu/techs/release.htm>)

Student and parent/guardian release to Plano ISD the student's name, voice, verbal statements, and portraits (video or still), picture, artwork and consent to their use on behalf of Plano ISD for publicity purposes.

YES, I AGREE       NO, I DO NOT AGREE

**2. Student Internet Use Agreement** (Policy CQ (Local), Student Code of Conduct; <http://k12.pisd.edu/aug.htm>)

My student and I have read and agree to follow the Acceptable Use Policy regarding use of the PISD network and Internet resources.

YES, I AGREE       NO, I DO NOT AGREE

**3. Electronic (Email) Transmittal of Student Record Information** (Student/Parent Policy Guide; [http://www.pisd.edu/policyguide\(E\).pdf](http://www.pisd.edu/policyguide(E).pdf))

Student Record Information release of information to be transmitted by Plano ISD electronically to the parent by request.

YES, I AGREE TO RELEASE STUDENT INFORMATION ELECTRONICALLY BY REQUEST TO ABOVE EMAIL ADDRESS\*\*

NO, I DO NOT AGREE TO RELEASE STUDENT INFORMATION ELECTRONICALLY

\_\_\_\_\_  
Parent/Guardian Signature