



TEXAS EMPOWERMENT ACADEMY

EDUCATION . CHARACTER . LEADERSHIP

MEDICAL ALERT FORM

2009-10

Please complete this form and return via fax to:
512.494.1009

Or via U.S. Mail to:
Texas Empowerment Academy
3613 Bluestein Dr.
Austin, Tx 78721

The information in this document is to alert the school nurse to any health problems which may need attention or limit the student's activities.

Name

D.O.B.

Grade

Parent's Name

Day Ph

Home Ph

Please list any existing health conditions or concerns that you have that the school needs to be aware of.

Health Care Insurance

If Medicaid, student's I.D. No.

List any medication the student takes regularly

Name of physician

Phone No.

Preferred hospital in case of an emergency

In case the child named on this document has an accident or sudden illness, and in the event I cannot be reached by telephone, I hereby authorize a representative of Texas Empowerment Academy to refer the child to the above named Physician or seek appropriate medical care. Texas Empowerment Academy is not responsible for any cost incurred.

Parent / Guardian Printed Name

Signature

Date