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):	Er	nergency number(s)
		Home Phone:
Health History: (Checkgive Frequent ear infections Headaches Heart defects/disease Bleeding/clotting disorders Hypertension Emotional disturbances Disabilities, diseases, chronic or recur	Diseases: Diabetes Sickle Cell Asthma	Allergies: Hay fever Poison ivy, etc
Any specific activities to be limited by	physician advice:	
Any medically prescribed meal plan or	dietary restrictions:	
Any known allergies (food, drugs, plan	ts, insects, etc.):	
Dates of operations, serious injuries, p	sychiatric counseling or hospi	talization:
Additional health information:		
	ne parent in the original conf	ainer or package with a signed MISD medication form an
PLEASE NOTE: If any medications disciplinary action.	are found on the student's p	erson or in his/her possession he/she may be subject to
Signature of Parent or Guard	ian	Date
If parents can	nnot be reached in case of	emergency, please contact:
Name:	Phone:	
Physician's Name:		Phone:
This health form is correct so far as I know, ar	d the person listed above has perr	nission to engage in all prescribed activities except as noted.
		school employees to secure medical services for the student cal personnel. I agree to accept responsibility for all
nuthorized doctor, hospital and medical expensions and medical expensions.		