The Rise School™
OF HOUSTON
"Where All Kids Shine" ™

Authorization for Emergency Medical Attention
2025-2026 School Year

Child's Name: _____
(First) (Middle) (Last)
Date of Birth: _____

Parent's Full Name: _____
(First) (Middle) (Last)
Cell Phone: _____ Work Phone: _____

Parent's Full Name: _____
(First) (Middle) (Last)
Cell Phone: _____ Work Phone: _____

Current Medical Information:
Medical Conditions: _____
Allergies: _____
Dietary Restrictions: _____
Primary Physician: _____ Phone Number: _____

***An emergency action plan, signed by a parent and the child's physician, must be provided for medical conditions requiring the use of emergency, rescue medications.**

Insurance Information (must be completed in full):

Insurance Company: _____ ID #: _____

Insured: _____
Name DOB Relationship to Child

In the event parents or guardians cannot be reached immediately, I hereby authorize the staff of The Rise School of Houston to act in the best interest of my/our child up to and including treatment by EMS and/or EMS transport to the nearest hospital. I understand and acknowledge the I/we will be responsible for any charges accrued during emergency treatment for my/our child.

_____ _____
Parent Signature **Date**