

**STUDENT ENROLLMENT FORM 2026-2027
AND AUTHORIZATION TO SECURE
EMERGENCY MEDICAL TREATMENTS OF A MINOR STUDENT**

NAME OF STUDENT _____ GRADE _____ Age _____

DATE OF BIRTH ____/____/____ Student Cell Phone: _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

NAME OF PARENT/GUARDIAN _____ RELATIONSHIP _____

MAILING ADDRESS: _____ EMAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

PLACE OF EMPLOYMENT _____ WORK PHONE _____

Have phone numbers and addresses changed from last year? If so, please check box.

NAME OF PARENT/GUARDIAN _____ RELATIONSHIP _____

MAILING ADDRESS: _____ EMAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

PLACE OF EMPLOYMENT _____ WORK PHONE _____

Have phone numbers and/or addresses changed from last year?? If so, please check box.

STUDENT LIVES WITH: __ BOTH PARENTS __ MOTHER __ FATHER __ OTHER (INDICATE) _____

CUSTODY PAPERS INVOLVED: __ YES __ NO

IF A PARENT OR GUARDIAN CANNOT BE REACHED AND THERE IS A MEDICAL EMERGENCY, AND/OR IF THE STUDENT NEEDS TO BE PICKED UP FROM SCHOOL, I AUTHORIZE SCHOOL OFFICIALS TO RELEASE MY CHILD DURING SCHOOL HOURS TO THE FOLLOWING PERSONS UNLESS OTHERWISE INSTRUCTED:

Name of Emergency Contact	Relationship	Physical Address	Phone number(s)

NAME OF SIBLINGS AT BRACKETT I.S.D.

SIBLING NAME	GRADE

Student Enrollment Form Continued

This is to certify that I authorize the Superintendent of Brackett Independent School District, Brackettville, TX, or a designated representative to secure any and all emergency medical care and treatment for

(STUDENT'S NAME)

acute illness suffered or injury sustained while at school or participating in school-related activities. Emergency treatment may be secured with an ambulance, at a licensed hospital, clinic or medical facility or by a licensed physician or dentist with the following exceptions: _____

I do not have medical insurance. I do have medical insurance coverage with the following insurance company: _____ Insurance Company.

Policy /Certificate Number: _____

And I will assume financial responsibility for any medical treatment of my child.

I understand that cost of services provided by ambulance, private physician, clinic, hospital, or dentist remain the responsibility of the parent or guardian and will not be assumed by the Superintendent, the designee, or the Board of Trustees of the Brackett Independent School District.

ALLERGIES: List any allergies your child has & reaction he/she may have: (i.e., foods such as peanut butter, lactose intolerant, bee stings, etc. & reaction being swelling of throat, rash, etc) and if an epi-pen is required for these allergic reactions. Please send a doctor note to our nurse if allergies apply. **If none, please indicate "none."**

Table with 3 columns: Allergies to:, Reaction:, Epi-Pen required:.

MEDICAL HISTORY: Check the ones that apply to your child:

- __ Headaches __ Wears glasses or contact lenses __ Asthma __ Hearing Problems
__ ADD/ADHS __ Diabetes __ Heart Condition __ Seizures __ Emotional Concerns
__ Other (explain) _____ Comments: _____

MEDICATION: List all prescription, over-the-counter, and herbal medications your child takes regularly:

Before medication of any kinds can be administered at school, a medication administration form must be completed by the parent/guardian and the physician (for prescription medication) - these forms can be found on our website or with the nurse.

As a parent/guardian of the above named student, I certify that the information on this form is true and correct.

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

COPIES OF THIS AUTHORIZATION MAY BE PRESENTED TO AMBULANCE PERSONNEL, THE ADMISSION OFFICE OF A HOSPITAL OR CLINIC OR TO A PHYSICIAN OR DENTIST. OTHER DISTRIBUTION SHALL BE ONLY WITHIN THE LIMITATIONS OF THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT.

A person who knowingly falsifies information on a form for enrollment of a student in a school is liable for the greater of the maximum tuition fee or the amount the district had budgeted for each student as maintenance and operating expenses, if the student is not eligible for enrollment in the district, but is enrolled on the basis of false information. (Texas Education Code, Sec. 23.001(h).) In addition, falsifying any document for the purpose of school enrollment is a violation of Sec. 37.10 of the Texas Penal Code.