

**PREP Medical Information  
(West Houston Home Educators)**

Student Name 1) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Name 2) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Name 3) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Name 4) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Parents'/Guardians' Names \_\_\_\_\_ HomePhone \_\_\_\_\_

Father's Address if Different from above \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Mother's Address if Different from above \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Emergency Contact to be Used During PREP Classes if Parents are not available \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone # \_\_\_\_\_

Please indicate student number above on the following questions.

Previous Injuries/ Serious Illnesses/ or Allergies \_\_\_\_\_

Current Medication/Health Conditions/Learning Disabilities \_\_\_\_\_

**Medical Treatment Authorization and Release of Liability**

I hereby authorize any representative of West Houston Home Educators PREP Classes to consent to medical treatment of my child in the event of an emergency (as determined by the representative). I further authorize any representative of WHHE PREP Classes to render first aid to my child and/or transport him/her to a hospital and/or call an ambulance. The consent is valid and irrevocable for one (1) year from the date hereof. I further release WHHE PREP Class representatives as a group and individually from any and all liability, even their own negligence, for injuries to my child arising out of my child participating in PREP Class Activities.

\_\_\_\_\_  
Signature  
Date \_\_\_\_\_

\_\_\_\_\_  
Print name of Parent/Guardian signing this document

STATE OF TEXAS  
COUNTY OF HARRIS

This instrument was acknowledged before me the undersigned

authority on this \_\_\_\_\_ day of \_\_\_\_\_, 2011, by

\_\_\_\_\_

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Notary Public-State of Texas

\_\_\_\_\_  
Notary's Printed Name