

Fort Bend ISD
Emergency Contact Form
Fine Arts Department



PLEASE PRINT

Student's Name: _____ Campus: _____
Last First Middle

Age: _____ Date of Birth: ____/____/____ Grade: _____ Gender: M F Student ID#: _____

Address: _____

City: _____ Zip: _____ Home Phone Number: (____) _____ - _____

Name of Physician: _____ Physician's Telephone: (____) _____ - _____

Allergies:

Yes ☐ No ☐ List: _____

Current Medications:

Yes ☐ No ☐ List: _____

Medical Health Insurance Coverage:

Yes ☐ No ☐

Insurer: _____ Group #: _____ ID #: _____ Phone #: _____

Parent/Guardian 1 Work #: _____ Parent/Guardian 1 Cell #: _____

Place of Employment: _____ Email Address: _____

Parent/Guardian 2 Work #: _____ Parent/Guardian 2 Cell #: _____

Place of Employment: _____ Email Address: _____

Medical History:

	Yes	No		Yes	No
Allergies to medication	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding tendencies	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease and/or injury	<input type="checkbox"/>	<input type="checkbox"/>
Bone and/or joint injury or disease	<input type="checkbox"/>	<input type="checkbox"/>	Neck injury	<input type="checkbox"/>	<input type="checkbox"/>
Contact Lenses/Glasses/Vision impairment	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Eye, Kidney, Lung removed/nonfunctioning	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Head injury, concussion, loss of consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Skin Problems	<input type="checkbox"/>	<input type="checkbox"/>
Heart-Related illness	<input type="checkbox"/>	<input type="checkbox"/>	Surgeries	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Hospitalizations in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	Is student currently under a physician's care?	<input type="checkbox"/>	<input type="checkbox"/>

Explain all "Yes" answers here: (Attach _____
another sheet if necessary)

Date of your last tetanus shot (dTAP): _____

Parent/Guardian Permit Waiver:

If, in the judgement of any representative of the schools, the said student should need immediate care and treatment as a result of an injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse, or school representative, and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomever on account of such care and treatment of said student.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____

Please return this form to your child's teacher of record.

This form must accompany the student on all school trips.

HANDBOOK SIGNATURE FORM
Return this form to your campus program director



STUDENT

- I have read the FBISD Fine Arts Program Handbook and Campus Addenda.
- I have read the rules and expectations for the course and I agree to abide by them.
- I realize that my failure to abide by the regulations or to carry out my responsibilities may result in my suspension or immediate dismissal from the course.
- I also understand by not signing the handbook, I am waiving my rights to any and all participation with the instructional program including any after-school activities and may forfeit enrollment in the course.

Student Name: (Print) _____

Student Signature: _____ Date: _____

PARENT/GUARDIAN

I acknowledge receiving and reviewing the rules, regulations, guidelines and procedures governing my student's participation in the Fine Arts instructional program. I also realize that my student consequently will need my assistance in time management and scheduling. I hereby give consent for my student to participate in rehearsals, practices, and performances for this FBISD Fine Arts program, and I realize their behavior will be setting the example for their school, our community, and my family.

Parent/Guardian Name: _____
(Print)

Parent/Guardian
Signature: _____ Date: _____

Home/Cell Phone: _____ Work Phone: _____

Email: _____

Check below if you would like to be a parent volunteer:

I would be willing to help chaperone events and trips.

I would be willing to help in other ways (e.g., uniform fitting, props, painting, snacks, etc.)

PERMISSION TO USE PHOTOS FOR PROGRAM SOCIAL MEDIA SITES

Sometimes we like to feature our student members participating in rehearsals, performances, and other activities on Social Media sites for purpose of promoting the program. This may include Facebook, Twitter, Instagram and the program website. Signing this will give us your consent to use your student's photo on those particular sites.

Parent/Guardian Signature: _____ Date: _____