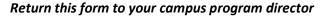
Fort Bend ISD **Emergency Contact Form** Fine Arts Department



PLEASE PRIN								
Student's Name:				Middle	Campus:			
Age:	Date of Birth:	/	/	Grade:	Gender: M	F Student ID#:		
Address:								
							_	
City:		Zip:		Home Phor	ne Number: ()		
Name of Phys	ician:			Physician's	Telephone: ()		
Allergies: Yes □ No	□ List:							
Current Medi Yes □ No								
Medical Healt	<u>:h Insurance Coverage</u> :							
		Group #:		ID #: _		Phone #:		
Parent/Guard	lian 1 Work #:			Parent/Guar	dian 1 Cell #:			
Place of Employment:				Email Addre	_ Email Address:			
Parent/Guardian 2 Work #:				Parent/Guar	Parent/Guardian 2 Cell #:			
Place of Empl	oyment:			Email Addre	ss:			
Medical Histo	ory:		Yes No	2			Yes No	
Allergies to medication				High Blood	High Blood Pressure			
Asthma			닐 上	Hepatitis			\sqcup	
Bleeding tend	lencies			Kidney Dise	ase and/or injury		\sqcup	
Bone and/or joint injury or disease				Neck injury	Neck injury			
Contact Lenses/Glasses/Vision impairment				Rheumatic	Rheumatic Fever			
Diabetes				Seizures				
Eye, Kidney, L	.ung removed/nonfunc	tioning		Sickle Cell A	Anemia			
Head injury, o	concussion, loss of cons	ciousness		Skin Proble	ms			
Heart-Related	l illness			Surgeries				
Hernia				Tuberculos	is			
	ns in the last year?			7	currently under a	physician's care?		
Explain all "Yes another sheet if	" answers here: (Attack necessary)	1						
Date of your la	st tetanus shot (dTAP):							
If, in the judg sickness, I do nurse, or scho	hereby request, author	orize, and consent d I do hereby agre	to such car e to indem	e and treatment a nify and save harr	as may be given s	aid student by any pl	ns a result of an injury or hysician, athletic trainer, sentative from any claim	
Parent/Guard	lian Name (Printed):							

Parent/Guardian Signature:

HANDBOOK SIGNATURE FORM





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	
student's participation in the Fine Arts instruction will need my assistance in time management a	es, regulations, guidelines and procedures governing my onal program. I also realize that my student consequently and scheduling. I hereby give consent for my student to nances for this FBISD Fine Arts program, and I realize their thool, our community, and my family.
Parent/Guardian Name:	
Parent/Guardian	(Print)
Signature:	Date:
Home/Cell Phone:	Work Phone:
Email:	
Check below if you would like to be a parent vol	lunteer:
I would be willing to help chaperone ev	vents and trips.
I would be willing to help in other ways	s (e.g., uniform fitting, props, painting, snacks, etc.)
PERMISSION TO USE PHOTOS FOR PROGRA	AM SOCIAL MEDIA SITES
Sometimes we like to feature our student mem activities on Social Media sites for purpose of pro	bers participating in rehearsals, performances, and other omoting the program. This may include Facebook, Twitter, s will give us your consent to use your student's photo on
Parent/Guardian Signature:	Date:

Approved: 07.21.2021 Revised: 08.01.2023