

Fort Bend ISD  
Emergency Contact Form  
Fine Arts Department



Student's Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Campus: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Physician: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

Allergies:

Yes ☐ No ☐ List: \_\_\_\_\_

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: \_\_\_\_\_

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.

Student Name (Printed): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_