

Fort Bend ISD
Emergency Contact Form
High School Band & Dance



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: _____