EXHIBIT B – Emergency Contact Form

Fort Bend ISD
Emergency Contact Form
Fine Arts Department

PLEASE PRINT

Student's Name: _____ (Last / First / Middle) Campus: _____

Age: _____ Date of Birth: ____/____/____ Grade: _____ Gender: M F (Circle One) 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	☐	☐	High Blood Pressure	☐	☐
Asthma	☐	☐	Hepatitis	☐	☐
Bleeding tendencies	☐	☐	Kidney Disease and/or injury	☐	☐
Bone and/or joint injury or disease	☐	☐	Neck injury	☐	☐
Contact Lenses/Glasses/Vision impairment	☐	☐	Rheumatic Fever	☐	☐
Diabetes	☐	☐	Seizures	☐	☐
Eye, Kidney, Lung removed/nonfunctioning	☐	☐	Sickle Cell Anemia	☐	☐
Head injury, concussion, loss of consciousness	☐	☐	Skin Problems	☐	☐
Heart-Related illness	☐	☐	Surgeries	☐	☐
Hernia	☐	☐	Tuberculosis	☐	☐
Hospitalizations in the last year?	☐	☐	Is student currently under a physician's care?	☐	☐

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

Date of your last tetanus shot: _____

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.***