

Fort Bend I.S.D.
EMERGENCY INFORMATION FORM
(This form must accompany the Athlete on team trips.)



Athlete's Name: _____ Campus: _____

Age: _____ Date of Birth: ____/____/____ Grade: ____ Sport: _____

Home Address: _____ Student ID #: _____

_____ Zip Code: _____

Home Phone #: (____) - ____ - ____ Subdivision: _____

Allergies: YES / NO If YES, What Type: _____

Medications YES / NO If YES, What Type / Dosage): _____

Physician: _____ Office Phone#: (____) - ____ - ____

Medical Health Insurance Coverage: YES / NO If YES, What Type: HMO / PPO / OTHER

Insurance Provider: _____

Parents(s)/Guardian(s): _____

Father's Work #: (____) - ____ - ____ Cell Phone #: (____) - ____ - ____

Place of Employment: _____

Email Address: _____

Mother's Work #: (____) - ____ - ____ Cell Phone #: (____) - ____ - ____

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.

Signature of Parent / Guardian

Date

Please return this form to the Athletic Trainer or Head Coach.