

Fort Bend ISD

EMERGENCY INFORMATION FORM

(This form must accompany the athlete on team trips)



Athlete's name: _____ Campus: _____

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

Home Address: _____ Social Security #: _____

_____ 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: _____ Policy #: _____

Parent(s)/Guardian(s): _____

Father's Work #: (____) _____ Pager/Cell Phone: (____) _____

Place of Employment: _____

Mother's Work #:(____) _____ Pager/Cell Phone: (____) _____

Place of Employment: _____

PARENT / GUARDIAN PERMIT WAIVER:

If, in the judgement of any representative of the school, 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.