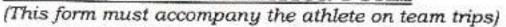
Fort Bend ISD

EMERGENCY INFORMATION FORM



Please return this form to the athletic trainer or head coach.



Athlete's name:			Campus:
Age: I	Date of Birth:	//	Grade:
Home Address:		s	ocial Security #:
		` z	ip Code:
Home Phone #: ()	<u></u>	8	ubdivision:
Allergies: YES / NO	If YES , What Typ	ne:	
Medications: YES / NO	If YES , What Typ	e/Dosage:	
			ce Phone: ()
	100		at Type: HMO / PPO / OTHER
Insurance Provider:			Policy #:
		Pager/Cell Phone: ()	
			Phone: ()
			100
PARENT / GUARDIA			
If, in the judgement of any and treatment as a result of the area and treatment as may representative, and I do her	representative of the of an injury or sicknown be given said stude treby agree to indem	e school, the said st cess, I do hereby req ent by any physician unify and save harml	tudent should need immediate care uest, authorize, and consent to such a athletic trainer, nurse, or school ess the school and any school t of such care and treatment of said
Signature of Parent / Gu	ardian		
Date			