

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.**