



**STUDENT EMERGENCY CONTACT INFORMATION**  
**FORT BEND INDEPENDENT SCHOOL DISTRICT**

**Student:** \_\_\_\_\_ **Sex:** \_\_\_\_ **Grade:** \_\_\_\_  
**Address:** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **MI** \_\_\_\_\_

\_\_\_\_\_ **Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Subdivision** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Primary Phone #:** \_\_\_\_\_ **Parent E-mail:** \_\_\_\_\_

**Person to Call in Emergency (in order)** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Daytime #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

1.		Parent / Guardian		
2.		Parent / Guardian		
3.				
4.				

In case my child needs to be picked up from school because of injury or illness, he/she may be released to the adults listed above.

**Doctor:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

In the event of an emergency, your child may be taken by ambulance to the most appropriate emergency facility. An immediate attempt will be made to inform you, the alternative person listed or the doctor listed. A school representative will stay with your child until you or an alternate person assumes responsibility.

☐ **NO CHANGES NEED TO BE MADE TO THIS INFORMATION.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICAL INFORMATION**

Pertinent information may be shared with appropriate personnel.

**ALLERGIES TO:** \_\_\_\_\_ **TREATMENT:** \_\_\_\_\_

**ASTHMA:** \_\_\_\_\_ **OCCURS WHEN?** \_\_\_\_\_

**SEVERE REACTIONS TO INSECT STINGS:** \_\_\_\_\_

**DESCRIBE REACTIONS:** \_\_\_\_\_ **TREATMENT:** \_\_\_\_\_

**SEIZURE DISORDER (please describe):** \_\_\_\_\_

**HEART/BLOOD DISORDERS (please describe):** \_\_\_\_\_

**BONE/MUSCLE PROBLEMS (please describe):** \_\_\_\_\_

**RESTRICTED ACTIVITIES (please describe):** \_\_\_\_\_

**DIABETES:** \_\_\_\_\_ **MIGRAINES:** \_\_\_\_\_ **ADHD/ADD:** \_\_\_\_\_

**OTHER MEDICAL PROBLEMS:** \_\_\_\_\_

**MEDICATIONS: \*\*Adults must provide and transport any medications needed at school.**

NAME OF DRUG	AMOUNT	TIME GIVEN	PURPOSE

**OTHER CHILDREN LIVING IN THE HOME:**

**NAME:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

HF#01  
(04/05)

**FOR OFFICE USE ONLY:**

**Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SIS** \_\_\_\_\_ **Printed Name** \_\_\_\_\_

**Information** \_\_\_\_\_ **Date** \_\_\_\_\_

**updated by:** \_\_\_\_\_ **Printed Name** \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_