

Fort Bend ISD  
Emergency Contact Form  
Fine Arts Department



**PLEASE PRINT**

Student's Name: \_\_\_\_\_ Campus: \_\_\_\_\_  
Last First Middle

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F Student ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Physician's Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Allergies:

Yes ☐ No ☐ List: \_\_\_\_\_

Current Medications:

Yes ☐ No ☐ List: \_\_\_\_\_

Medical Health Insurance Coverage:

Yes ☐ No ☐

Insurer: \_\_\_\_\_ Group #: \_\_\_\_\_ ID #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian 1 Work #: \_\_\_\_\_ Parent/Guardian 1 Cell #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian 2 Work #: \_\_\_\_\_ Parent/Guardian 2 Cell #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Medical History:**

|  | Yes                      | No                       |  | Yes                      | No                       |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Allergies to medication                        | <input type="checkbox"/> | <input type="checkbox"/> | High Blood Pressure                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Asthma   | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Bleeding tendencies                            | <input type="checkbox"/> | <input type="checkbox"/> | Kidney Disease and/or injury                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Bone and/or joint injury or disease            | <input type="checkbox"/> | <input type="checkbox"/> | Neck injury                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Contact Lenses/Glasses/Vision impairment       | <input type="checkbox"/> | <input type="checkbox"/> | Rheumatic Fever                                | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes                                       | <input type="checkbox"/> | <input type="checkbox"/> | Seizures                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Eye, Kidney, Lung removed/nonfunctioning       | <input type="checkbox"/> | <input type="checkbox"/> | Sickle Cell Anemia                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Head injury, concussion, loss of consciousness | <input type="checkbox"/> | <input type="checkbox"/> | Skin Problems                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart-Related illness                          | <input type="checkbox"/> | <input type="checkbox"/> | Surgeries                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Hernia   | <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospitalizations in the last year?             | <input type="checkbox"/> | <input type="checkbox"/> | Is student currently under a physician's care? | <input type="checkbox"/> | <input type="checkbox"/> |

Explain all "Yes" answers here: \_\_\_\_\_  
(Attach another sheet if necessary)

Date of your last tetanus shot: \_\_\_\_\_

**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.

Parent/Guardian Name (Printed): \_\_\_\_\_

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

**Please return this form to your child's teacher of record.**

**This form must accompany the student on all school trips.**

## HANDBOOK SIGNATURE FORM

*Return this form to your campus program director*

### STUDENT

- I have read the FBISD Fine Arts Program Handbook and Campus Addenda.
- I have read the rules and expectations for the course and I agree to abide by them.
- I realize that my failure to abide by the regulations or to carry out my responsibilities may result in my suspension or immediate dismissal from the course.
- I also understand by not signing the handbook, I am waiving my rights to any and all participation with the instructional program including any after-school activities and may forfeit enrollment in the course.

Student Name: \_\_\_\_\_  
(Print)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENT/GUARDIAN

I acknowledge receiving and reviewing the rules, regulations, guidelines and procedures governing my student's participation in the Fine Arts instructional program. I also realize that my student consequently will need my assistance in time management and scheduling. I hereby give consent for my student to participate in rehearsals, practices, and performances for this FBISD Fine Arts program, and I realize their behavior will be setting the example for their school, our community, and my family.

Parent/Guardian Name: \_\_\_\_\_  
(Print)

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

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Check below if you would like to be a parent volunteer:

\_\_\_\_\_ I would be willing to help chaperone events and trips.

\_\_\_\_\_ I would be willing to help in other ways (e.g., uniform fitting, props, painting, snacks, etc.)

### PERMISSION TO USE PHOTOS FOR PROGRAM SOCIAL MEDIA SITES

Sometimes we like to feature our student members participating in rehearsals, performances, and other activities on Social Media sites for purpose of promoting the program. This may include Facebook, Twitter, Instagram and the program website. Signing this will give us your consent to use your student's photo on those particular sites.

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

Please complete this form after you have read the FSMS August Newsletter. This PDF is a typeable document (type into text boxes or select from the dropdown menus).

## PARENT ACKNOWLEDGMENT FORM

I have read and discussed the information in the *August FSMS Falcon Band Newsletter* with my child.  
<https://spark.adobe.com/page/EaqIyhvwKBFHr/>

(Please check each box below to confirm and the parent and child both need to sign in the appropriate blanks.)

- \_\_\_\_\_ 1. I have read the “**FBISD MS Band Handbook**” and have completed the FBISD Emergency Contact Form and the Handbook Signature Form (<https://www.fortbendisd.com/Page/137898>)
- \_\_\_\_\_ 2. I have discussed and understand the purpose and importance of **PRACTICE RECORDS** with my child, and agree to assist him/her in this task. Practice records are due on a specific day and are not accepted for a “late” grade, which is an exception to the “late work” policy listed in the student handbook.
- \_\_\_\_\_ 3. I have marked the dates listed on the **2023-2024 FSMS BAND ACTIVITIES CALENDAR** on our family’s calendar, and I have discussed these activities with my child. I also understand that attendance at all rehearsals and performances is a requirement of being a member of the band program and that most of these are usually graded activities. I have noted any conflicts in the space below.
- \_\_\_\_\_ 4. I understand the importance of my child being picked up from activities on time and I am aware of the new policy for late pick up of students involved in Fine Arts activities.
- \_\_\_\_\_ 5. I have viewed the orientation videos on Step 2 of the website: <https://www.fortbendisd.com/Page/137898>

### Conflicts:

\_\_\_\_\_  
Student’s Signature (typed name sufficient)                      Date

\_\_\_\_\_  
Parent’s Signature (typed name sufficient)                      Date

Band Period

## PERMISSION SLIP

I understand that as a member of the Fort Settlement Middle School Band, my child will be participating in activities throughout the school year that will involve traveling to and from the event on school buses. My signature below indicates that I give my child permission to participate in the scheduled school-sponsored activities for his/her band (see FSMS Band Activities Calendar), to have any medications administered that would normally be given at school, and that I authorize any needed emergency medical treatment. I also acknowledge that I have been informed that the Fort Bend Independent School District has immunity from any liability. Transportation will be provided by the district or a commercial carrier.

**I will make certain that my child is on time for all activities and has transportation home at the designated pick-up time.**

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Parent’s Signature (typed name sufficient)

\_\_\_\_\_  
Date

**Band**