



STUDENT EMERGENCY CONTACT INFORMATION
FORT BEND INDEPENDENT SCHOOL DISTRICT

Student: _____
Last Name First Name MI Sex: ____ Grade: ____

Address: _____
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.

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)



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DISMISSAL INFORMATION

MY CHILD IS A: ☐ Walker ☐ Car Rider ☐ Bus Rider ☐ Bike Rider

☐ FBISD Extended Day ☐ Day Care/Name: _____ Phone: _____

In the event of rain or severe weather my walker/bike rider will follow the dismissal procedure indicated below (normal dismissal route unless indicated below).

☐ Car Rider

☐ Walker/Bike Rider

☐ May ride home with: _____ Phone: _____

☐ May ride home with: _____ Phone: _____

FOR OFFICE USE ONLY:

received by:

Printed Name

Date

SIS
Information
updated by:

Printed Name

Date