

**FRIENDSWOOD INDEPENDENT SCHOOL DISTRICT
STUDENT EMERGENCY INFORMATION**

Student: _____ D.O.B. _____

Sex: M F (Circle One) Grade: _____ Home Phone:() _____

Parent's Names: _____

Father's Work#:() _____ Mother's Work #() _____

Address: _____ City: _____

In case of emergency, who else could be contacted?:

Name: _____ Relationship: _____

Home Phone: () _____ Work Phone: () _____

Family Physician: _____ Phone: () _____

Does the student have any medical problems or a history of medical problems?

YES NO (CIRCLE ONE)

Does the student have any allergies to medications? YES NO (CIRCLE)

Explain any "YES" answers above: _____

Date of last tetanus shot: _____

Personal health insurance is provided for my child by:

(INSURANCE COMPANY)

(POLICY OR GROUP NUMBER)

MEDICAL RELEASE

If, in the judgment of any representative of the school, the above student should need immediate treatment as the result of any injury or illness, I do hereby request, authorize, and consent to such care and treatment as may be give said student by any physician, trainer, nurse, ambulance attendant, or school representative, and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by an other person whomsoever on account of such care and treatment of said student.

Legal Guardian

Date

Notary

Date

SEAL