

FORT BEND INDEPENDENT SCHOOL DISTRICT
STUDENT EMERGENCY PROCEDURE CARD

ID# _____

Student: _____ **Sex** _____ **Grade** _____
Last Name First Name M.I.

Address _____
House # Street City Zip Subdivision

Date of Birth _____ **Home Ph#**(____) _____ **Parent's name** _____

Person to call in emergency(in order)	Relationship	Daytime #	Cell #
1 st :	mother / father / guardian / other		
2 nd :	mother / father / guardian / other		
3 rd :	mother / father / guardian / other		
4 th :	mother / father / guardian / other		

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 alternate 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:** _____

PLEASE FILL OUT BACK SIDE

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: _____