

PRINT OR WRITE INFORMATION CLEARLY WITH DARK INK. PLEASE DO NOT USE PENCIL OR RED INK

Student Name _____	FWISD student I.D. # _____	Gender (M/F) _____	Grade _____	Age _____
Current School: _____		Sports: _____		
Home Address _____	Zip Code _____	Home Phone _____	Date of Birth _____ / _____ / _____	
Name of Primary Care Physician _____		Office Phone _____	Hospital of Choice _____	
List any medications student is currently taking: _____				
List any specific medical allergies, chronic illness or other medical conditions to be aware of: _____				

**PARENT/GUARDIAN INFORMATION**

Father's Name _____	Last 4 digits of SS # _____	Mother's Name _____	Last 4 digits of SS # _____
Father's Address _____	City/State _____	Mother's Address _____	City/State _____
Zip Code _____	Home Phone _____	Zip Code _____	Home Phone _____
Cell Phone _____	Work Phone _____	Cell Phone _____	Work Phone _____

Alternate Emergency Contact _____	Relationship to Student _____	Home Phone _____	Other Phone _____
Alternate Emergency Contact _____	Relationship to Student _____	Home Phone _____	Other Phone _____

**PRIMARY INSURANCE INFORMATION**

My daughter/son is covered under insurance through: \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ No Insurance Coverage

Name of Group Health, Accident & Hospitalization Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Policy or Group #: \_\_\_\_\_

**CONSENT TO EMERGENCY MEDICAL TREATMENT**

I do hereby consent to such school care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital or school representative, and hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

I also give permission to the school district representative to use a copy of this form in case of need for emergency medical treatment while the original is kept with my child's medical records at the school. In such a case, the parent/guardian's or alternate emergency contact will be notified as quickly as possible.

_____	_____	_____
Print Name – Parent/Guardian	Signature – Parent/Guardian	Date