

Bridge School Health and Emergency Form 2017-2018

Child's Full Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

PARENT INFORMATION

Parent/Guardian: _____ Email: _____

Day Phone: _____ Cell Phone: _____

2nd Parent/Guardian: _____ Email: _____

Day Phone: _____ Cell Phone: _____

NON-PARENT/GUARDIAN CONTACTS IN CASE OF EMERGENCY: (please list two)

Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____ Authorized to pick-up? (YES / NO)

Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____ Authorized to pick-up? (YES / NO)

AUTHORIZED PICK UP

List all other individuals, with phone number, who are authorized to pick up your child:

MEDICAL INFORMATION:

Name of Child's Doctor: _____ Phone: _____

Name of Child's Dentist: _____ Phone: _____

Medical Insurance Carrier: _____ ID #: _____

Hospital Preference: _____

ALLERGIES: _____

MEDICATIONS ROUTINELY TAKEN: _____

OVER-THE-COUNTER MEDICATIONS PERMITTED TO BE GIVEN AT SCHOOL (Please check those that you give permission for your child to be given):

Acetaminophen (Tylenol) ____, Ibuprofen (Advil) ____, Benadryl (Diphenhydramine)____,

Cough Drops ____

PERMISSION FOR TREATMENT: I verify that the information on my child is complete and accurate. I understand that reasonable measures will be take to safeguard the health and safety of all participants and that I will be notified as soon as possible in the event of an emergency. In the event of an emergency if I cannot be reached, I hereby authorize transportation to a medical facility and/or calling my child's physician at my expense, to provide the necessary medical treatment.

(Parent/Guardian Signature)

Date

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ADDITIONAL INFORMATION ABOUT YOUR CHILD

Please share any additional information about your child's medical, physical, developmental, emotional, nutritional or education needs about which the school should be aware. Please discuss any allergies, existing illnesses or injuries, previous serious illnesses or injuries and any prescribed medication.
