

Bridge School Health and Emergency Form 2019-2020

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

