Bridge School Health and Emergency Form 2020-2021

Child's Full Name:		Birth Date:
Address:		
City:	State:_	Zip:
PARENT INFORMATION		
		_Email:
Day Phone:		Cell Phone:
Day I florie.		Cell I Holle.
2nd Parent/Guardian:		_Email:
Day Phone:		Cell Phone:
NON-PARENT/GUARDIA	N CONTACTS IN C	ASE OF EMERGENCY: (please list two)
Phone:	Cell Phone:	Relationship: Authorized to pick-up? (YES / NO)
Namo:		Palationship
Phone:	Call Phone:	Relationship: Authorized to pick-up? (YES / NO)
FIIOHE.	Cell Filone	Authorized to pick-up! (1237 NO)
AUTHORIZED PICK UP		
	vith nhone number w	ho are authorized to pick up your child:
List all other marviadais, w	nui priorie number, w	The are authorized to pick up your child.
MEDICAL INFORMATION	۷٠	
		Phone:
		Phone:
		ID #:
Hospital Preference:		
ALLERGIES:		
MEDICATIONS BOUTING		
MEDICATIONS ROUTINE	ELY IAKEN:	
OVER-THE-COUNTER M	EDICATIONS PERM	MITTED TO BE GIVEN AT SCHOOL (<i>Please</i>
check those that you give		
• •	•	I), Benadryl (Diphenhydramine),
Cough Drops	, ibaproferi (/ tavii), bendary (biphennyaranine),
Cough Drops		
PERMISSION FOR TREATM	MENT: I verify that the	information on my child is complete and accurate. I
		to safeguard the health and safety of all participants
and that I will be notified as s	soon as possible in the	event of an emergency. In the event of an emergency
if I cannot be reached, I here	by authorize transport	ation to a medical facility and/or calling my child's
physician at my expense, to	•	· · · · · · · · · · · · · · · · · · ·
(Parent/Guardi	an Signature)	Date

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Tick Permission:

_____I give permission for a Bridge School employee to remove a tick from my child using a proper extraction tool (tweezers, tick removal spoon or other specialized tool).

- I understand that the Bridge School employees will call and email immediately upon finding the tick. They will save the tick when possible.
- I understand that Bridge School employees reserve the right to refuse to extract the tick based on comfort of both the staff and student and/or location of the tick.
- I understand that Bridge School employees will NEVER remove a tick from a child's private areas. If the tick lies under the child's "bathing suit area," the tick will not be extracted.

_____I DO NOT give permission for Bridge School employees to extract a tick from my child.

- I understand that Bridge School employees will call and email immediately upon finding the tick and mark the tick with a bandaid when possible.
- I understand that Bridge School employees will NOT accept permission to extract the tick over the phone; a signed liability waiver (this form) must be completed giving permission if I wish for them to extract the tick.

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.

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