## **Bridge School Health and Emergency Form 2023-2024**

Child's Full Name:		
		Birth Date:
Address:		
City:	State:_	Zip:
PARENT INFORMATION		
		Email:
Day Phone:		Cell Phone:
Bay i none.		
2nd Parent/Guardian:		_Email:
		Cell Phone:
		ASE OF EMERGENCY: (please list two)
Name:	0 !! 5!	Relationship: Authorized to pick-up? (YES / NO)
Phone:	_ Cell Phone:	Authorized to pick-up? (YES / NO)
Namo:		Polationship:
Phone:	Call Phone:	Relationship: Authorized to pick-up? (YES / NO)
1 Hone.	_ Cell i florie	Authorized to pick-up: (1237 No)
AUTHORIZED PICK UP		
	h phone number, w	who are authorized to pick up your child:
,	p	and an additional to provide your content
<b>MEDICAL INFORMATION:</b>		
Name of Child's Doctor:		Phone:
		Phone:
		ID #:
ALLERGIES:		
MEDICATIONS ROUTINEL	Y TAKEN:	
OVER-THE-COUNTER ME	DICATIONS PERM	MITTED TO BE GIVEN AT SCHOOL (Please
check those that you give	e permission for ye	our child to be given):
Acetaminophen (Tylenol) _	, Ibuprofen (Advi	I), Benadryl (Diphenhydramine),
Cough Drops		
		information on my child is complete and accurate. I
		to safeguard the health and safety of all participants
	•	e event of an emergency. In the event of an emergency
	•	ation to a medical facility and/or calling my child's
physician at my expense, to p	rovide the necessary	medical treatment.
(Parent/Guardia	n Signature)	Date

Tick Permission:
<ul> <li>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).</li> <li>I understand that the Bridge School employees will call and email immediately upon finding the tick. They will save the tick when possible.</li> <li>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.</li> <li>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.</li> </ul>
<ul> <li>I DO NOT give permission for Bridge School employees to extract a tick from my child.</li> <li>I understand that Bridge School employees will call and email immediately upon finding the tick and mark the tick with a bandaid when possible.</li> <li>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.</li> </ul>
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.