



Bridge School

1469 Exchange Street, Middlebury, VT 05753 (802)349-1661

Bridge School Summer Camp Health Form

Child's Full Name: _____ Pronouns _____

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: _____

