

# BRIDGEWATER-RAYNHAM REGIONAL SCHOOL DISTRICT

## STUDENT EMERGENCY INFORMATION

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ HOMEROOM \_\_\_\_\_

ADDRESS: \_\_\_\_\_ D.O.B. \_\_\_\_\_

WITH WHOM DOES CHILD RESIDE? \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

TEACHER: \_\_\_\_\_ BUS#: \_\_\_\_\_ LOCKER#: \_\_\_\_\_

To Parent/Guardian: To serve your child in case of ACCIDENT OR SUDDEN ILLNESS, it is necessary that you furnish the following information for emergencies:

MOTHER'S NAME: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

WORK # \_\_\_\_\_

CELL # \_\_\_\_\_ E-MAIL \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ EMPLOYER \_\_\_\_\_

WORK # \_\_\_\_\_

CELL # \_\_\_\_\_ E-MAIL \_\_\_\_\_

If my child is ill and I am not available, please send him/her to person(s) listed below, by taxi, if necessary. It is important to have a contingency plan, **this section must be completed.**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Alt. # \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Alt. # \_\_\_\_\_

List names of any person(s) with whom your child IS NOT ALLOWED to be dismissed: (if person listed is the child's parent, you must provide the school with a copy of the court order for us to enforce your request).

1. \_\_\_\_\_ 2. \_\_\_\_\_

**HEALTH INFORMATION**

**LIST ANY HEALTH CONDITIONS SUCH AS HEART DISEASE, DIABETES, ADD, EPILEPSY, ASTHMA, ETC.**

\_\_\_\_\_

\_\_\_\_\_

**Has your child ever experienced a concussion? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_**  
**Any long-term residual effects diagnosed? \_\_\_\_\_**

**Is your child allergic to anything such as insect, food, plants or medicines? Yes \_\_\_ No \_\_\_**  
**What? \_\_\_\_\_ When? \_\_\_\_\_**

**Has your child ever had any serious illnesses or operations? Yes \_\_\_ No \_\_\_**  
**What? \_\_\_\_\_ When? \_\_\_\_\_**

**Apart from vitamins and fluoride, is your child taking any medications including inhalers? Yes \_\_\_ No \_\_\_**  
**What? \_\_\_\_\_ When? \_\_\_\_\_**

**Does your child have a special diet or any eating problems? Yes \_\_\_\_\_ No \_\_\_\_\_**  
**Give details: \_\_\_\_\_**

**Local Physician's Name: \_\_\_\_\_**

**Address: \_\_\_\_\_ Phone # \_\_\_\_\_**

**Local Dentist's Name: \_\_\_\_\_ Phone # \_\_\_\_\_**

**Is your child covered by a medical health insurance plan? Yes \_\_\_ No \_\_\_**  
**Is your child capable of carrying a full program of schoolwork including gymnastics and athletics? Yes \_\_\_ No \_\_\_**  
**I give permission to the school nurse to share pertinent medical information with the school staff. Yes \_\_\_ No \_\_\_**

**I, the undersigned, do hereby authorize officials of the Bridgewater-Raynham Regional School District to contact directly the persons named on this card, and do authorize the named physician to render such treatment as may be deemed necessary in an emergency, for the health said child. In the event that the physician, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of said child. I will not hold the Bridgewater-Raynham Regional School District financially responsible for the emergency care and/or transportation for said child.**

**Parent/Guardian Signature: \_\_\_\_\_**

**PLEASE NOTIFY THE SCHOOL AND THE NURSE OF ANY UPDATES OR CHANGES TO THE ABOVE INFORMATION.**