

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.