

Bridgewater-Raynham Regional School District

EMERGENCY MEDICAL INFORMATION FOR BEFORE/AFTER SCHOOL

(Note: School nurse is not present during before/after school programs.)

Student Name: _____ Date of Birth: _____

Address: _____ Bus No. _____

Parent/Guardian Cell phone: _____ Work phone: _____

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My child has the following medical condition that *may* require immediate attention (911) during before/after school programs or athletics (please circle):

ASTHMA

DIABETES

SEIZURES

ALLERGIC TO: _____

CHILD HAS A PRESCRIBED _____ EPI-PEN or _____ EPI-PEN Jr. TO BE ADMINISTERED.

Other health related instructions: _____

**IN THE EVENT MY CHILD HAS A HEALTH/MEDICAL EVENT WHICH REQUIRES STAFF ASSISTANCE,
I AGREE THAT STAFF WILL FIRST ASSIST MY CHILD, ACCORDING TO
EMERGENCY TRAINING THEY HAVE RECEIVED, AND STAFF WILL THEN CALL 911.**

Parent/Guardian signature

Date