

Medical Emergency Information

Student Information

Child's Name _____		Birthdate _____	
Mother/or Legal Guardian _____		Father/or Legal Guardian _____	
Address _____		Address _____	
Home# _____	Work # _____	Home # _____	Work# _____
Email _____	Cell# _____	Email _____	Cell# _____

Physician Information

Physician's Name _____		Address _____	
Phone # _____			
Insurance Company _____		Policy # _____	

Allergies

Medication _____
Foods _____
Other _____

Medical History

Check any of the following conditions your child has that BRDS need to be aware of, for emergency purposes. Explain:

_____ Seizure disorder (epilepsy, etc)	_____ Asthma
_____ Headaches (migraines, etc)	_____ Endocrine disorder (diabetes, hypoglycemia, etc)
_____ Heart problems	_____ Surgeries

Explain _____
Are there any activities your child should not engage in due to medical conditions?
Explain _____

I authorize Bowen Road Staff to administer the following aspirin substitute: _____

I give permission for the staff of Bowen Road Day School to seek emergency medical care whenever needed for my child. I also understand that if needed, my child will be taken to the nearest hospital. Permission is granted for the release of Health & Accident Insurance information to cover the cost of emergency care.

In granting permission for my child to be transported to and from school and any other activities planned by Bowen Road Day School, L.L.C., I understand the trips will involve to and from, in a van/auto/bus driven by a member of the Bowen Road Day School staff. I understand that should an accident occur, I will be notified as soon as practical. If necessary, my child will be taken to the nearest hospital for emergency care, by Bowen Road Day School staff and that I will be responsible for medical/hospital charges, I hereby release Bowen Road Day School, L.L.C., their staff, volunteer workers, swimming instructors and owners of Bowen Road Day School, L.L.C., from any liability whatsoever for any injuries and/or illness

Parent or Legal Guardian Signature _____

Date _____