

Brashier Middle College 2018-2019 Information for Health Room

Student's Name	Student's Date of Birth	Grade
Street Address	City	Zip
Home Phone #	Parent Email Address	
Parent's Name	Cell #	Parent's Employer Phone #
Parent's Name	Cell #	Parent's Employer Phone #
Doctor's Name	Doctor's Address	
Insurance Carrier	Policy #	

In case of illness or injury when I cannot be contacted by the school authorities, I authorize the following relatives or friends to be contacted. In case of emergency, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician. The school will continue to call the parents, guardians or physician until one is reached.

Name	Relationship	Name	Relationship
Home Address	Home Phone #	Home Address	Home Phone #
Work#	Cell #	Work #	Cell #

Please indicate any health conditions that require treatments, medications, or health monitoring during the school day:

The principal and/or school nurse may share information with individuals who have responsibilities to meet my child's health and safety needs. I authorize school officials to contact the person named on this form and authorize the named physician to render to my child whatever emergency treatment deemed necessary. If the physician, other persons named above, or parent cannot be reached, the school officials may take whatever action they deem necessary for the health and safety of my child. I will not hold Brashier Middle College Charter High School (BMC) responsible for the emergency care and/or transportation of my child. I will keep the school informed of any changes on this form.

Parent/Guardian's Signature: _____ Date: _____

ALL MEDICATIONS REQUIRED DURING THE SCHOOL DAY, MUST BE DELIVERED TO THE HEALTH ROOM BY A PARENT/GUARDIAN. A COMPLETED AUTHORIZATION FORM MUST ACCOMPANY ALL MEDICATIONS. THESE REQUIRED FORMS ARE AVAILABLE AT brashiermiddlecollege.org UNDER [students>health room](#).