



Health/Emergency Form 2009-2010

STUDENT INFORMATION

Full Name _____ Date of Birth ____/____/____

Street Address _____ City _____ State _____ Zip Code _____

PARENT/GUARDIAN INFORMATION

Full Name _____ Full Name _____

Home Phone _____ Home Phone (if different) _____

Business Phone _____ Cell Phone _____ Business Phone _____ Cell Phone _____

Email Address _____ Email Address _____

SIGNIFICANT MEDICAL HISTORY

Asthma: yes ___ no ___ Medication: _____ Inhaler at school? yes ___ no ___

Allergies: _____ How is it manifested? _____

Glasses: yes ___ no ___ History of ear infection: yes ___ no ___ PE Tubes? ___ other _____

Special services received _____

Physician's Name: _____ Phone Number: (____) _____

Insurance Provider: _____ Policy Number: _____

INDIVIDUALS AUTHORIZED TO PICK-UP MY CHILD

It is understood that for routine pickups, the parent is responsible for notifying Bright Ideas in writing that said individual will be picking up the child.

Name _____ Phone: (____) _____

Name _____ Phone: (____) _____

Name _____ Phone: (____) _____

Individuals **unauthorized** to pick-up my child at any time: _____

As the parent or guardian of _____ I authorize and consent in the case of accident or illness to any and all treatment, surgery or medical assistance of any kind deemed necessary or desirable by officials of Bright Ideas or other physicians or medical personnel. I understand that Bright Ideas will make every effort to contact _____'s parent or guardian before arranging for or providing emergency medical assistance, except when immediate medical attention is necessary. I assume responsibility for all medical expenses incurred on behalf of the student. It is my understanding that in the event of a medical emergency my child will be transported to the closest hospital. I give permission for Bright Ideas to administer non-aspirin pain relievers for fever. Yes ___ No ___

Parent/Guardian Signature _____ Date _____