

BEAUFORT ACADEMY

2009– 2010 STUDENT MEDICAL & EMERGENCY INFORMATION

Student's Name: _____ Grade: _____

DOB: _____ SS#: _____ Home #: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mother's Name: _____ Father's Name: _____

Mother's Work #: _____ Father's Work #: _____

Mother's Cell/Other#: _____ Father's Cell/Other #: _____

Mother's Email: _____ Father's Email: _____

I do NOT have an E-mail address, please send any information via US Postal Service.

Other Party (ies) to contact in case of an Emergency when Parent's are not available.

Emergency Contact(relationship to student)

Phone Number(s)

Emergency Contact(relationship to student)

Phone Number(s)

Student's Physician _____ Phone # _____

Student's Dentist _____ Phone # _____

Date of Last Physical _____ Date of Last Tetanus Shot _____

Name of Health Insurer _____ Policy/ID # _____

Please make the following notations concerning my child:

List all medications taken on a regular basis (indicate medication & condition): _____

Allergies to medications/foods/latex/insect stings & bites/other: _____

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Relevant medical information (e.g., contact lens wearer, family history of sudden death, seizures, heart conditions, asthma, previous surgeries): _____

**It is the parent's responsibility to keep all information current throughout the entire school year.
Please notify the office immediately if any changes were to occur.**

Please read the following and place a check (✓) in the appropriate box.

- I hereby give my permission for this student to travel by school vehicle (bus) on all school authorized and sponsored field trips. **Yes o No o**
- This student has my permission to be given a Tylenol-type pain reliever as needed upon the request of the student. **Yes o No o**
- This student has my permission to be given Ibuprofen as needed upon the request of the student. **Yes o No o**
- The undersigned is authorized to and gives permission for the above listed student to have his/her picture(s) placed within the Beaufort Academy web site... **Yes o No o**
 - ...In the Beaufort Academy newsletter... **Yes o No o**
 - ...In Beaufort Academy Advertisements.... **Yes o No o**
- **Student-Parent Handbook Compliance Statement (Blue Book):** I have read the rules and regulations (and penalties for their infraction) and agree to assist the school in seeing that my child abides both by the letter and by the spirit of them. **Yes o No o**

EMERGENCY INFORMATION AND MEDICAL TREATMENT CONSENT

I, _____, the parent or guardian of, _____, recognize that as a result of participation in student activities, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may deemed necessary under the then existing circumstance. I accept full responsibility for any such treatment.

Date

Signature of Parent or Legal Guardian