

GREAT BRIDGE CHRISTIAN ACADEMY (GBCA)
STUDENT HEALTH AND EMERGENCY INFORMATION 2018-2019

Student Name: _____ DOB: ___/___/___ Grade: _____

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

Mother/Guardian Name: _____ Phone #: _____

Father/Guardian Name: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

PHYSICIAN INFORMATION

Name: _____

Phone #: _____

DENTIST INFORMATION

Name: _____

Phone #: _____

HEALTH HISTORY

Allergies (Food or Medication): _____

What reaction do they have to the above allergens (please be specific):

Chronic Illnesses (Asthma, Diabetes, Migraines):

Medical conditions that require special consideration (wheelchair, cane):

Current Medications (prescription and over the counter):

**MEDICAL RELEASE TO TREAT ILLNESS/INJURY, ADMINISTER MEDICATIONS,
AND EMAIL NOTIFICATIONS**

I hereby acknowledge that I have read and understand the Parental Responsibilities for Medication Administration as stated in the Student Handbook. I release GBCA and its employees from any claims of liability connected with its reliance on this permission and I agree to indemnify, defend and hold them harmless from any claim or liability connected with such reliance. I hereby authorize employees of GBCA to take such measures as deemed appropriate when my child is ill or injured. I understand that it may include the advanced first aid administration of an epi-pen in the event of anaphylaxis (a life threatening allergic reaction). In the event of a serious illness and/or injury, the rescue squad may be utilized and treatment and/or hospital care may be rendered under the advisement of appropriate medical personnel. In such event, I understand that employees of GBCA will make a reasonable effort to contact a parent/guardian, emergency contact, or physician as feasible under the circumstances. I hereby give permission for GBCA to administer Motrin and Tylenol as directed on bottle as needed to students ages 2 and older. I understand that the school will not administer any other prescription medications or over-the-counter medications until I provide a separate completed authorization form. I give GBCA permission to send email notifications of all medical events/medication administration during school hours. I understand that if I do not consent to this medical release in its entirety, I must complete and sign a "Medical Release Non-Consent Form".

Parent/Guardian's Name (Print): _____

Signature: _____ Date: _____

Nurses Signature: _____