

STUDENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_



## EMERGENCY CONTACT & MEDICAL AUTHORIZATION INFORMATION

### EMERGENCY CONTACT INFORMATION

\_\_\_\_\_  
PARENT/GUARDIAN NAME

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
PARENT/GUARDIAN NAME

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
ADDITIONAL CONTACT

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
ADDITIONAL CONTACT

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
PHONE

### ALLERGIES, MEDICAL CONDITIONS & SPECIAL NEEDS

List Allergies, Medical Conditions and Special Needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### INSURANCE INFORMATION

\_\_\_\_\_  
INSURANCE CARE PROVIDER

\_\_\_\_\_  
POLICY NUMBER

\_\_\_\_\_  
GROUP NUMBER

\_\_\_\_\_  
PRIMARY PHYSICIAN/HEALTHCARE PROVIDER

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
ADDRESS

### AUTHORIZATION to SEEK EMERGENCY CARE

*I hereby authorize The Bridge School staff members to seek emergency medical care in the event of accident or acute illness if I am not immediately available. I understand that a conscientious effort will be made to notify me, or persons I have designated, before such action is taken.*

\_\_\_\_\_  
PARENT/GUARDIAN NAME (Printed)

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE of SIGNATURE

STUDENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

## AUTHORIZATION to ADMINISTER MEDICATION

Please turn in all emergency medications to the main office at the start of the year in original containers.

**CHECK if APPLICABLE**

- ☐ My child takes daily medication that needs to be administered at school and/or on school trips.
- ☐ My child has emergency medications (inhaler, epi-pen, etc.) that may need to be administered at school and/or school trips. Unless otherwise specified, student may keep 1 set of emergency medication with them and another classroom first aid backpack.

Medication Name	Dosage	Method of Administration (pill, liquid, etc.)	Time of Administration	Diagnosis/Reason	Additional Information Provided? (Please attach)

***I give my permission for The Bridge School staff to administer the medications listed above to my child when school is in session or on school-sponsored trips. Staff will administer medication in accordance with the instructions from the student's healthcare provider and will record the time, date and amount of all medication administered. I have designated each medication to be administered to my child and understand the use, dosage and potential side effects of each. This permission will be in effect throughout the school year and may be modified and/or rescinded at any time by re-submitting this form.***

\_\_\_\_\_  
PARENT/GUARDIAN NAME (Printed)

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE of SIGNATURE

**This section below must be completed for Bridge School staff to administer any medication to your child.**

### LICENSED HEALTHCARE PROVIDER

I request and authorize that the above named student be administered the prescription medication identified on this form in accordance with the instructions indicated below or on the package for the medication. This recommendation is valid for the entire school year (September-June) unless otherwise specified below and/or on an attached sheet.

### NOTES and INSTRUCTIONS

\_\_\_\_\_  
LICENSED HEALTHCARE PROVIDER NAME (Printed)

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
LICENSED HEALTHCARE PROVIDER SIGNATURE

\_\_\_\_\_  
DATE OF SIGNATURE

STUDENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_



## CHILD RELEASE FORM AUTHORIZED ADULTS

All registered students must have on file a list of the persons regularly authorized to take him or her from The Bridge School. A new completed form will be required annually. Parents shall also notify the person who picks up the child that picture identification may be required.

Under no circumstances will a child be released without prior authorization. Please immediately notify teacher if there are any changes of persons authorized below to pick up your child or changes in phone numbers.

I, \_\_\_\_\_, *authorize the release of my child,*  
PARENT/GUARDIAN NAME

\_\_\_\_\_, *to the following adults during the school year.*  
STUDENT NAME

NAME	RELATIONSHIP	CELL PHONE	HOME PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
SIGNATURE of PARENT/GUARDIAN

\_\_\_\_\_  
DATE

STUDENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_



## OFF CAMPUS EDUCATION FORM

### OFF-CAMPUS EDUCATION DESCRIPTION

Field trips and off-campus excursions are a regular part of The Bridge School educational experience. Most trips are planned in advance, but occasionally a class may head out into the neighborhood for as part of the school day.

This form serves as a blanket "Permission Slip" to attend field trips and off-campus educational activities during the course of the school day. Students will always be supervised by staff teachers and serve-day parents on all excursions. Students may not participate in off-campus field trips or education without a parent or legal guardian's signature on this form.

\*\*\*\*\*

I give my permission for my child to participate in all field trips and school programs sponsored by The Bridge School, which may include field trips, overnight trips, and after-school activities on and off campus.

I acknowledge that there are certain risks inherent in field trips and school programs and that all risks cannot be prevented, including the risks associated with transporting students by car, bus, train and ferry to and from various activities and the risks involved in the activities themselves.

I represent that my child is physically able, with or without accommodations, to participate in all field trips or programs.

I acknowledge that The Bridge School's accident insurance for field trip participants is limited and should not be relied upon as the primary reimbursement for medical expenses arising from field trip participation. I agree and understand that parents should provide independent insurance for their child.

I understand if, in the judgment of school teachers or staff, that my child engages in behavior during a field trip or school program that is detrimental to the interest, harmony or welfare of The Bridge School, its participants, or the community, he or she may be sent home and/or must have a parent attend future field trips to supervise him or her.

\*\*\*\*\*

☐ ***My child requires a booster seat to ride in cars (label all seats with child's name)***

☐ ***I request the following provisions be made regarding field trips and/or after school activities involving my child:*** \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN NAME

\_\_\_\_\_  
PARENT/GUARDIAN NAME

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE