

Brushy Creek Elementary
After School Program
Medical Information

Is your child allergic to bee stings...? _____ If yes, what instructions should be followed. ?

Any present medical conditions or allergies?

Does your child take **any** medication on a regular basis? _____ If yes, please list:

Any medication, other than inhalers, must be given by the school nurse before 2:30. Please make sure that you have completed all consent forms for medications. Forms are available from the nurse.

Child's Physician: _____ Phone: _____

IN CASE OF ILLNESS OR ANY EMERGENCY (EARLY DISMISSAL DUE TO WEATHER, ETC.), please list the name and telephone numbers of two people and their relationship (Grandfather, friend, aunt, etc.) that we can contact in case one of the parents cannot be reached.

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

Please read and sign the following statement:

In the case of an emergency such as an accident or serious illness, I understand that the school shall attempt to contact me. If I cannot be reached, I authorize the school to contact the doctor listed on this form and follow the doctor's directions. If the doctor cannot be reached, I authorize the school to take whatever steps necessary.

Parent Signature

Date

School Insurance

Purchased school insurance covers the activities of this program: United Healthcare Student Resources, www.k12studentinsurance.com

If parents do not wish to take this coverage, a parent or guardian waiver must be signed indicating this choice. Many people with adequate insurance policies do not require additional coverage.

My insurance company _____ **covers my child beyond the school day.**

Parent Signature _____ Date _____

Waiver

_____ I do not wish to purchase student school insurance for my child.

Parent

Signature_____Date_____