

BOSTON RENAISSANCE CHARTER PUBLIC SCHOOL

HEALTH & EMERGENCY INFORMATION

STUDENT NAME _____ DATE _____

MALE FEMALE DOB: _____ AGE: _____ GRADE: _____

LIST ALL MEDICAL CONDITIONS &/OR ILLNESSES: _____

LIST ALLERGIES (to food &/or medication - only known *allergies*, not sensitivities e.g. lactose intolerance):

LIST CURRENT MEDICATIONS _____

If medication must be taken during the school day, it can only be administered by the school nurse. You must provide written doctor's orders as well as written parent permission. Any required medication should be delivered to the Health Office nurses directly. **Children are *forbidden* to carry medication to or from school. Medication orders & permission forms must be renewed each year.** Please read school medication policy.

PEDIATRICIAN NAME _____ PHONE _____

ADDRESS _____

ASSOCIATED FACILITY/ HOSPITAL _____

Medical Insurance co. _____ Policy # _____

Dental Insurance co. _____ Policy # _____

_____ I will be responsible for the cost of any emergency medical or dental care provided to my child.

_____ My child is not covered by medical insurance.

I give permission for BRCPS to consent for treatment in the event of a medical emergency. I understand that all effort will be made to reach a parent before authorizing treatment.

Print Parent Name Parent Signature

Work Telephone Home/ Cell Phone Number

Emergency contact: Name _____ Relationship: _____ Tel: _____
(in the event you cannot be reached)

SIBLINGS OR RELATIVES ATTENDING RENAISSANCE:

NAME _____ NAME _____

NAME _____ NAME _____