

BCCJCG HEALTH FORM

Date _____

Please fill out one health form for each child enrolled in school.

Child's name _____

In case of injury or illness of a child at school, every effort will be made to contact the parent or guardian. The following instructions will remain in force unless revoked by parent or guardian:

If injury or illness is minor, give child first aid? Yes [] No []

If injury is serious and parent cannot be contacted, do you wish your personal physician or dentist contacted? Yes [] No []

If injury is serious and parent cannot be contacted, should we call an ambulance?
Yes [] No []

Name of physician _____ Phone: _____

Address _____

Name of dentist _____ Phone: _____

Address _____

If you cannot be reached in case of emergency, give the name of a person to be notified:

Name _____ Phone _____

Address _____

Family medical/hospital insurance carrier: _____

Policy/group# _____ ID# _____

Policy Holder's Name _____

Please check any conditions experienced by your child, knowledge of which will enable the school to effect a more satisfactory experience for him/her:

Vision [] Hearing [] Educational [] Allergy [] Other _____

Please indicate if your child is taking medication and the reason. This information will be shared only with the education director and the child's teacher.

In the event of a medical emergency, I authorize the staff to obtain emergency medical treatment for my child/children. I understand that I will be contacted immediately as will my physician.

Parent's name (print)

Parent's signature

Date

If your child has allergies, or has had an allergic reaction, please fill out the following.
If it is severe, please provide the BCC-JCG with the appropriate forms and medications.

Allergic to:

Child's usual reaction:

Action to be taken:

Please indicate if your child is taking medication and the reason. List current daily and emergency medications and note whether any of these medications are life preserving. In case of emergency, please give the BCC-JCG School a three-day supply of all medication.

This information will be shared only with the education director and the child's teacher.

<u>Medication</u>	<u>Dosage/Time</u>	<u>Purpose</u>
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Permission for Emergency Medical Treatment:

Bethesda-Chevy Chase Jewish Community Group (BCC-JCG) and its representatives have my permission, in an emergency when my physician or I cannot be contacted, to administer care and treatment for my child (including, but not limited to, administering listed medications) for illness or injuries. The BCC-JCG representative may hospitalize and/or secure medical treatment for my child in a medical emergency, if in his/her best judgment; further delay might jeopardize the welfare of my child. I agree to release and hold harmless BCC-JCG and its representatives for administering or authorizing the administration of medical care to my child, providing they are following my written instructions on this Permission Form or are making a good faith attempt to provide for the welfare of my child in an emergency. I give permission to BCC-JCG and its representatives to release pertinent medical information from my child's medical file in order to facilitate medical care.

Signature of Parent or Guardian

Date

Please contact the BCC-JCG Education Director if your child has any serious health problems during the year.