

Academies at Gerrard Berman Day School

HEALTH AND MEDICAL RECORD

GRADE _____

STUDENT _____	BIRTHDATE _____
HOME ADDRESS _____	AGE _____ SEX _____
CITY / ZIP CODE _____	PHONE _____ NICKNAME _____

DOCTOR'S NAME _____ CHART # _____ PHONE _____

EMERGENCY CALL INFORMATION (parent/guardian is called first unless otherwise requested)	
MOTHER/GUARDIAN _____	WORK PHONE _____
E-Mail _____	CELL PHONE _____
FATHER/GUARDIAN _____	WORK PHONE _____
E-Mail _____	CELL PHONE _____

Additional emergency names and phone numbers (three additional names **required** - neighbor, friends or relative)

Couples count as one contact ie: grandparents.

1. NAME /RELATION _____	HOME PHONE _____
WORK PHONE _____	CELL PHONE _____
2. NAME /RELATION _____	HOME PHONE _____
WORK PHONE _____	CELL PHONE _____
3. NAME /RELATION _____	HOME PHONE _____
WORK PHONE _____	CELL PHONE _____

EMERGENCY MEDICAL INFORMATION (to be completed by parent/guardian)

ALLERGY: (food, medicine, insect toxin, other) _____

Medication used for allergies _____

Allergy medication sent to school: YES _____ * NO _____

HISTORY OF: Asthma _____ Convulsions _____ Headaches _____ High fevers _____ Stomach issues _____

Other medical conditions _____

Explain _____

Any condition requiring medication _____

Medications being sent to school: YES _____ * NO _____ ***If yes, Page 3 must be completed and signed by both parent and doctor.***

Does your child wear: glasses _____ contact lenses _____ braces _____ hearing aide _____

*If any medication is coming into school, it must be accompanied by a form signed by both the physician and parent (Consent for Medication Form). The form should state the student's name, the medication name, reason given, amount to be given and time to be given. **Prescription and "over the counter" medications must be in original, labeled bottles or containers.** For prescription medications, pharmacies will provide a duplicate labeled empty bottle which can be sent to school with the medication. Additional forms available at the School.

AUTHORIZATION

In the event my child requires emergency medical care (as determined by the School administration) while he/she is under School jurisdiction, I authorize the doctor(s) and hospital to which my child is brought to perform all necessary emergency procedures and render treatment including the administration of anesthesia as necessary. I understand that attempts will be made to contact parents/guardians (and the emergency numbers listed on this form as necessary) before initiating this authorization.

Date _____ Parent or Guardian _____

Please return this completed form to Academies at Gerrard Berman Day School, 45 Spruce Street, Oakland, NJ 07436 as quickly as possible.