Bremen Middle School
Emergency Information
Insurance Waiver – Parental Consent

School Year 2011/2012

Student Name _____Birthday _____ Age _____

Known Allergies (drugs, foods, etc.)_____

Date of last Tetanus _____ Present Medications _____

Medical Problems/Conditions _____

Over the counter meds which may be given to my child: ___Tylenol ___Advil ___Tums ___Benadryl

Parent/Guardian Information

Parent/Guardian Name _____Parent/Guardian Name _____

Relationship _____Relationship_____

Address_____Address_____

Home Phone_____Work Phone_____Home Phone _____Work Phone_____

Cell Phone_____ Cell Phone_____

Name of person to reach in case of emergency _____

Emergency Phone_____Cell Phone_____

Insurance Company _____Policy Number _____

Preferred Doctor/Dentist_____

School official, team trainer or coach may apply first aid treatment and administer over the counter medications until parents or family doctor can be contacted, if needed.
Yes _____ No _____

PARENTAL AUTHORIZATION In case of medical emergency, in the event I cannot be reached, I authorize Bremen City Schools, its agents, employees and other officers to procure and consent to any medical examination, diagnostic process or course of treatment, including hospital care or ambulance service to be rendered to my child by or under the supervision of any duly licensed doctor, dentist surgeon, or other health care provider. Yes _____No _____

I hereby grant my permission for my child to participate in _____

(indicate interscholastic sport).

I _____ certify that my child, _____

Is covered by_____insurance company, and does not wish to be covered by school insurance issued by Bremen City Schools. I waive the right to file claim on any injury that might occur to my child while participating in school activities.

Signed _____**Date** _____