



CHRISTIAN BROTHERS
A C A D E M Y

**Emergency
Health Procedures**

STUDENT INFORMATION

Last Name <i>(suffix: Jr., I, II, etc.)</i>	First Name	Date of Birth	Grade
Home Address			Home Phone

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Full Name <i>(Include title: Mr., Mrs., Ms., Dr., etc.)</i>	Parent/Guardian Full Name <i>(Include title: Mr., Mrs., Ms., Dr., etc.)</i>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Primary Phone #1</td> <td style="width: 50%; border-bottom: 1px solid black;">Primary Phone #2</td> </tr> </table>	Primary Phone #1	Primary Phone #2	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Primary Phone #1</td> <td style="width: 50%; border-bottom: 1px solid black;">Primary Phone #2</td> </tr> </table>	Primary Phone #1	Primary Phone #2
Primary Phone #1	Primary Phone #2				
Primary Phone #1	Primary Phone #2				

HEALTH CARE PROVIDERS INFORMATION

Physician	Phone Number	Dentist	Phone Number
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Preferred Hospital

Please indicate any special medical issues or problems such as allergies and/or medications prescribed:

*Note: Medications cannot be administered in school unless written permission is submitted by the physician **and** the parent/guardian.*

New York State Education Law mandates that schools may only release a child to law enforcement officials, child protective service workers, and persons whose names appear on a list provided by the child's parent/guardian. Only the parent/guardian has the authorization to request or confirm early dismissals of the child. **CBA may release my child to any one of the following individuals in my/our absence:**

Last Name	First Name	Last Name	First Name
Primary Phone #1	Primary Phone #2	Primary Phone #1	Primary Phone #2

I/we give permission to the CBA nurse/designee to share this information with anyone who comes in contact with my child, so they may be aware of the treatment required. If I/we cannot be reached in the event of a medical emergency involving my son, CBA and its faculty and staff has my/our permission to obtain professional attention and seek emergency medical treatment as needed. If any information on this form changes during the school year, I/we will notify CBA immediately.

Parent/Guardian Signature	Date
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