

Emergency Authorization and Medical History (2022-23)

Student's Name (Print)

Date of Birth

Parent Name (Print)

Contact Number

FAMILY MEDICAL CONTACT (if applicable)

Doctor's Name

Contact Number

Address

Dentist Name

Contact Number

Address

FAMILY PRIVATE INSURANCE (if applicable)

Insurance Company Name

Insurance Policy Number

Parent/Guardian Medical Card Number

Student Medical Card Number

HEALTH HISTORY

Please check if your child has had any of these illnesses. Put a “C” if your child is currently experiencing.

- | | | | | |
|--|--|---|---|--------------------------------------|
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Convulsions / Seizures | <input type="checkbox"/> Measles | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Discharge in ears | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> COVID-19 |
| <input type="checkbox"/> Freq. Stomach Aches | <input type="checkbox"/> RSV | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Polio | |

Does your child have/has any physical disabilities / diseases not listed above / and/or allergies? _____ Yes _____ No

If yes, explain: _____

Does your child have any mental, psychological, emotional, or other medically diagnosed disorders/conditions?

If yes, explain: _____

Medical Release and Drug Authorization

- I understand that drugs of any kind (including prescription or over the counter) are not allowed to be in students possession at anytime. Arrangements to take medicine or medication must be made through the office by the legal parents/guardians.
- I understand that in the event of any medical emergency, BCA will take the necessary course of action to ensure the safety and health of the child. Any medical expenses connected to the treatment, examination or transportation of the child must be paid for by the students' parents/guardians.
- I understand that Brawley Christian Academy reserves the right to drug/alcohol test students as deemed necessary for random or specific cases. I therefore give BCA consent in allowing my child to undergo drug/alcohol testing and to receive results from a certified laboratory in accordance with the school's drug testing policy.

By signing this form, you give consent and agree on the terms and statements listed above.

Signature of Parent/Guardian

Date: