



# BROCKTON™

PREPARATORY SCHOOL

## Health Care, Emergency Care, and Release of Child Information/Authorization

NAME OF STUDENT: \_\_\_\_\_

### MEDICAL INFORMATION:

Name of child's doctor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Child's BC Medical Services Plan ("CareCard") number: \_\_\_\_\_

And/or: Other health insurance coverage for child?  No  Yes (please provide details below)

Insurance company: \_\_\_\_\_ Child's ID number: \_\_\_\_\_

Insurance provider phone contact (please provide the toll free number) \_\_\_\_\_

My/our child:

Has a known hearing problem  Yes  No

Has known vision problems  Yes  No

Wears glasses or contact lenses  Yes  No

Has dyslexia or another learning disability (if yes, please describe)  No  Yes (describe): \_\_\_\_\_

Is allergic to ...  No known allergies, or: \_\_\_\_\_

Has physical challenges  No  Yes (describe): \_\_\_\_\_

Is receiving medication  No  Yes (describe) \_\_\_\_\_

Is receiving medical attention  No  Yes (describe) \_\_\_\_\_

Is receiving psychological help  No  Yes (describe) \_\_\_\_\_

Has had the following illnesses or medical conditions (please tick all that apply)

<input type="checkbox"/> Chicken Pox	Immunized? <input type="checkbox"/> Yes: (mm/yy) _____	<input type="checkbox"/> No
<input type="checkbox"/> Red Measles (Rubeola)	Immunized? <input type="checkbox"/> Yes: (mm/yy) _____	<input type="checkbox"/> No
<input type="checkbox"/> German Measles (Rubella)	Immunized? <input type="checkbox"/> Yes: (mm/yy) _____	<input type="checkbox"/> No
<input type="checkbox"/> Mumps	Immunized? <input type="checkbox"/> Yes: (mm/yy) _____	<input type="checkbox"/> No
<input type="checkbox"/> Whooping Cough	Immunized? <input type="checkbox"/> Yes: (mm/yy) _____	<input type="checkbox"/> No
<input type="checkbox"/> Polio	Immunized? <input type="checkbox"/> Yes: (mm/yy) _____	<input type="checkbox"/> No
<input type="checkbox"/> Diphtheria	Immunized? <input type="checkbox"/> Yes: (mm/yy) _____	<input type="checkbox"/> No
<input type="checkbox"/> Tetanus	Immunized? <input type="checkbox"/> Yes: (mm/yy) _____	<input type="checkbox"/> No
<input type="checkbox"/> Haemophilus B	Immunized? <input type="checkbox"/> Yes: (mm/yy) _____	<input type="checkbox"/> No
<input type="checkbox"/> Hepatitis B	Immunized? <input type="checkbox"/> Yes: (mm/yy) _____	<input type="checkbox"/> No
<input type="checkbox"/> Scarlet Fever		
<input type="checkbox"/> Asthma		
<input type="checkbox"/> Hay Fever		
<input type="checkbox"/> Diabetes		

- Epilepsy
- Convulsions
- Concussion
- Major surgery

Does your child have any condition that may require emergency care? Please describe: \_\_\_\_\_

Additional comments/concerns/information: \_\_\_\_\_

**MEDICAL EMERGENCIES:**

As stated in Brockton's *Health, Emergency Care, and Release of Child Policies*, it is our policy to notify parents immediately when a child is ill or in need of medical attention. However, it is possible that a situation might arise where we cannot reach you and we need to get immediate help for your child. Please complete and return the attached Consent Form (4 x 6 card); we will take it with us to the emergency centre if an emergency should ever arise and we are unable to contact you immediately. These cards are also taken on field trips, and you will be asked to complete a separate identical card if your child attends Brockton's Out-of-School Care.

**PERSONS AUTHORIZED TO PICK UP YOUR CHILD:**

The following information is required for the safety and well-being of your child. We urge you to keep it current.

The following people are authorized to pick up my/our child from school:

_____ <i>Name</i>	_____ <i>Telephone number</i>	_____ <i>Relationship to child</i>
_____ <i>Name</i>	_____ <i>Telephone number</i>	_____ <i>Relationship to child</i>
_____ <i>Name</i>	_____ <i>Telephone number</i>	_____ <i>Relationship to child</i>

**EMERGENCY CONTACTS:**

Emergency contacts are the same people authorized above to pick up my/our child from school,

OR: Emergency contacts are the following:

_____ <i>Name</i>	_____ <i>Telephone number</i>	_____ <i>Relationship to child</i>
_____ <i>Name</i>	_____ <i>Telephone number</i>	_____ <i>Relationship to child</i>
_____ <i>Name</i>	_____ <i>Telephone number</i>	_____ <i>Relationship to child</i>

**Out of Province emergency contact person(s): \*\*\* PLEASE COMPLETE EVEN IF YOUR OTHER EMERGENCY CONTACTS ARE THE SAME PEOPLE YOU AUTHORIZED TO PICK UP YOUR CHILD \*\*\***

_____ <i>Name</i>	_____ <i>Telephone number</i>	_____ <i>Relationship to child</i>
_____ <i>Name</i>	_____ <i>Telephone number</i>	_____ <i>Relationship to child</i>

I understand that staff cannot release my child to any persons not listed above and that I must notify staff of any changes in the above list.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## CONSENT FORM

For my child: \_\_\_\_\_

MSP Card#: \_\_\_\_\_

I authorize the staff of Brockton Preparatory School to call a physician, take my child to the nearest emergency centre, or summon an ambulance for emergency aid should, in the opinion of the person(s) in attendance, such services be required and I cannot be contacted by telephone. If such an emergency should arise, I shall be notified as soon as possible. I agree that the cost incurred for such services shall be my sole responsibility.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_

Witness name: \_\_\_\_\_