Health Office Information

Family L	_ast Name: PRINT					
•			CD.	Toachor:		
•						
•						
•						
	ist who to contact and t RENTS, in order of prefe	heir relationship with studen erence:	t in the event of	an illness and or medica	al emergency, beg	ginning
	Contact Name	Relationship	Home	Cell	Work Phone	Can Child b Released to Contact(s) Listed Yes / No
1.		(parent)				
		(p)				
3.						
4.						
5.						
Address	::					
				Phone:		
Address) :					
Health Ir	nsurance:					
•	In the event of an emer In an emergency, if it is responsible for provide further medical attention first aid, for a child what I give permission to the school personnel when	e school nurse to share info n needed to meet my child's e school nurse to exchange	very effort to consupport is needed ild must go home and the most go home. BFCCPS will realth and safet	ntact you, though this is ed, BFCCPS will call 911 e, or be transported to a not pay for medical treathild's health condition by needs.	not always possi BFCCPS is not another facility fo atment, other than with appropriate	ible. r
Signatur	re Parent/Guardian	Date		Due to the no later th		
					t 29, 201	_