

**The Bright School**  
**Consent to Obtain Medical Care**

Student's Name \_\_\_\_\_  
Last First

Male Female  
Circle one

I authorize the school to obtain necessary or emergency medical care for my child in the event of illness or injury during school hours or during a school activity and I cannot be reached. I agree to bear the cost of any medical care provided for my child.

My child is covered by the following medical insurance policy:

Insurance: \_\_\_\_\_ policy/group # \_\_\_\_\_ i.d. # \_\_\_\_\_

Employee/Sponsor \_\_\_\_\_

I (do grant/do **not** grant) permission for the school to administer the appropriate dosage of children's Tylenol to my child, should it be indicated.

My child (has/has **not**) had a tetnus shot within the last 5 years.

Please print: Parents' Name \_\_\_\_\_ Address \_\_\_\_\_

Parents' Telephone home \_\_\_\_\_, cell \_\_\_\_\_, work \_\_\_\_\_

If the school is unable to reach you, whom shall we contact in an emergency?

Name \_\_\_\_\_ relationship \_\_\_\_\_

Telephone home \_\_\_\_\_, cell \_\_\_\_\_, work \_\_\_\_\_

Child's Preferred Doctor \_\_\_\_\_ telephone \_\_\_\_\_

\_\_\_\_\_  
Father's signature

\_\_\_\_\_  
Mother's signature

**Student Health Profile**

Allergies/treatment \_\_\_\_\_

Asthma/treatment \_\_\_\_\_

Major Diseases \_\_\_\_\_

Operations \_\_\_\_\_

Physical limitations \_\_\_\_\_

Mental Health Issues \_\_\_\_\_

Forms are available in the school office and must be completed prior to administering prescription medication to your child while under Bright School care.

**Bright School must have an Immunization Certificate on File for your child.**