



Student First Name \_\_\_\_\_

Int \_\_\_\_\_

Student Last Name \_\_\_\_\_

Grade \_\_\_\_\_

**EMERGENCY AUTHORIZATION**

Must be completed, updated and returned annually.

This form is to be completed by Parent/Guardian. Please Print.

Address \_\_\_\_\_  
 Street Number and Street Name \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of Parent/Guardian	Relationship to Student	Living at home?	Place of Employment	Work Phone #
Address of Parent/Guardian if different from Student	Home Phone	Fax #	E mail address	Cell #

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**Important:** In the event that the undersigned cannot be reached, an authorized school employee may call ONLY the following adult friends or relatives who may take responsibility for my child's care. I also authorize the school to release my child to any of the following in the event of a major earthquake or disaster. Please list only local people, if possible. Make sure that the people you choose know that they are on this list and remind them periodically throughout the school year. **I.D. must be shown in order to release a child to an adult.**

Name	How Related	Cell Phone	Child Care Provider Y or N	Release Contact Y or N	Out of State Contact Y or N
Siblings living at home	How Related	School	Grade	other	

**Permissions/Notices of Rights and Responsibilities.** Please review all documents online at: [www.bridgescharter.org](http://www.bridgescharter.org) or in the handbook and commit to these agreements.

- I have received the "Notice of Rights and Responsibilities via school website, copy from the school or in the handbook"  Y  N
- I give permission to have my child's name, address and phone number released to School Organizations  Y  N
- I give permission to have my child's photographic image(s) appear in the class photo and school yearbook  Y  N
- I give permission to have my child's photographic image(s) used on the school website  Y  N
- I give permission for my child's photographic image(s) to be released to any form of External Public media (newspaper etc)  Y  N
- I have read and agree to adhere to the Confidentiality Agreement  Y  N
- I have read and agree to adhere to the Attendance Policy  Y  N
- I have read and agree to adhere to the Healthy Food Agreement  Y  N
- I have read and agree to hold my child accountable for the acceptable use policy, dress code, and student code of conduct  Y  N
- I approve of having periodic health screenings for my child, as mandated by California Education Code, which may include: vision, hearing, scoliosis and growth and development (height and weight).  Y  N

**HEALTH HISTORY/INFORMATION:** Check any of the conditions which your child has had (Explain further below where needed)

	Yes	When		Yes	When		Yes	When		Yes	When
Hearing Impairment			Diabetes			Heart Condition			<b>Serious Allergies</b>		
Vision Impairment			Epilepsy			Kidney Problems			<b>Drugs/food</b>		
Frequent Headaches			Hayfever			Tuberculosis			<b>Insect Stings</b>		
Rheumatic Fever			Asthma			Surgeries			<b>Other (please list)</b>		
									<b>Medication(s)</b>		

- Identify/describe serious allergies that may have a reaction or impact on school/classroom performance and/or activities: \_\_\_\_\_
- Identify/describe surgeries \_\_\_\_\_
- Identify/describe any other health problems \_\_\_\_\_
- Identify/Medication(s) \_\_\_\_\_ List Medications kept in school office \_\_\_\_\_

**AUTHORIZATION FOR TREATMENT:** In the event of an emergency requiring immediate medical attention and the undersigned cannot be contacted, then the undersigned authorizes Bridges to do the following:

Contact My Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Contact any licensed physician or hospital if my choice is not available \_\_\_\_\_ YES \_\_\_\_\_ NO

The undersigned authorizes the hospital to provide appropriate treatment. I understand that every effort shall be made by the hospital to contact the parent or guardian prior to any treatment, but treatment shall not be withheld if the parent or guardian cannot be reached. **I also understand that Bridges does not assume any financial responsibility for medical care or ambulance transportation.** These authorizations and permissions shall be and remain in full force and effect for the current school year unless revoked in writing. I also understand that I should contact the school immediately if there are any changes in the information contained on this sheet.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_