Bridge of Promise

**Bridge Academy**

## Emergency Medical Information

| | | |
|---|---|---|
| **MEMBERS NAME** | | **BIRTHDATE** |
| **ADDRESS** | | **TELEPHONE NUMBER** |
| **PARENT/GUARDIAN NAME**<br>#1<br>#2 | **TELEPHONE NUMBER** | **CELL PHONE NUMBER** |
| **PARENT/GUARDIAN ADDRESS** | | |
| **GUARDIAN EMAIL**<br>#1<br>#2 | | |
| **EMERGENCY CONTACT #1** | **TELEPHONE NUMBER** | **RELATIONSHIP** |
| **EMERGENCY CONTACT #2** | **TELEPHONE NUMBER** | **RELATIONSHIP** |
| **RESIDENTIAL/GROUP HOME NAME** | **CONTACT NAME** | **TELEPHONE NUMBER** |

**MEDICAL INFORMATION**

| | |
|---|---|
| **DIAGNOSIS, CHRONIC OR EXISTING MEDICAL OR DEVELOPMENTAL CONDITIONS (Asthma, Seizures, Diabetes, Risk for Aspiration, etc.)** | |
| **KNOWN ALLERGIES/REACTIONS (Medications, Food, Environmental, Insects/Animals)** | |
| **OTHER CONCERNS** | |
| **PRIMARY PHYSICIAN** | **TELEPHONE NUMBER** |
| **PREFERRED HOSPITAL** | **CITY** |

## Emergency Medical Consent

**In the event of a medical emergency and a parent/guardian cannot be reached**

**I _____ (parent/guardian) give consent for _____ (member's name) to**

**receive necessary emergency medical treatment.**

| | | |
|---|---|---|
| **PARENT/GUARDIAN NAME (PRINTED)** | **PARENT/GUARDIAN EMAIL** | **DATE** |
| **ELECTRONIC SIGNATURE** | | |

☐ ***I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.***