



Bridge of Promise

Bridge Academy

First Visit Information

MEMBERS NAME		DATE
PARENT/GUARDIAN NAME		CELL PHONE NUMBER
GUARDIAN EMAIL		
EMERGENCY CONTACT	TELEPHONE NUMBER	RELATIONSHIP
DIAGNOSIS, CHRONIC OR EXISTING MEDICAL OR DEVELOPMENTAL CONDITIONS (Asthma, Seizures, Diabetes Risk for Aspiration, etc.)		
KNOWN ALLERGIES/REACTIONS (Medications, Food, Environmental, Insects, Animals)		
IMPORTANT INFORMATION		

EMERGENCY MEDICAL CONSENT

In the event of a medical emergency and a parent/guardian cannot be reached, I _____ (parent/guardian) give consent for _____ (members name) To receive necessary emergency medical treatment.	
PARENT/GUARDIAN SIGNATURE	DATE