



**PARENT INFORMATION:**

Parent Name 1: \_\_\_\_\_ Parent Name 2: \_\_\_\_\_  
Parent E-mail 1: \_\_\_\_\_ Parent E-mail 2: \_\_\_\_\_  
Parent Cell Number 1: \_\_\_\_\_ Parent Cell Number 2: \_\_\_\_\_  
Parent Work Number 1: \_\_\_\_\_ Parent Work Number 2: \_\_\_\_\_  
Parent Home Number 1: \_\_\_\_\_ Parent Home Number 2: \_\_\_\_\_

**STUDENT INFORMATION:**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
Allergies? No \_\_\_ Yes \_\_\_ If yes, please list: \_\_\_\_\_  
Has EpiPen been prescribed No \_\_\_ Yes \_\_\_  
Additional Instructions: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
Allergies? No \_\_\_ Yes \_\_\_ If yes, please list: \_\_\_\_\_  
Has EpiPen been prescribed? No \_\_\_ Yes \_\_\_  
Additional Instructions: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
Allergies? No \_\_\_ Yes \_\_\_ If yes, please list: \_\_\_\_\_  
Has EpiPen been prescribed? No \_\_\_ Yes \_\_\_  
Additional Instructions: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
Allergies? No \_\_\_ Yes \_\_\_ If yes, please list: \_\_\_\_\_  
Has EpiPen been prescribed? No \_\_\_ Yes \_\_\_  
Additional Instructions: \_\_\_\_\_

Parent Initials \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (Other than parents):**

Emergency Contact Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Pediatrician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_ I give permission for office personnel to administer topical ointment -- Neosporin, calamine lotion, bacitracin, Gold Bond or Benadryl spray/lotion (EC – 8<sup>th</sup> Grade)

\_\_\_\_ I give permission for office personnel to administer over-the-counter medication - Motrin, Tylenol, Ibuprofen, Cough Drops, or Tums (Kindergarten – 8<sup>th</sup> ONLY)

In the event of the child's sickness, illness or injury, and the parents or guardians are not readily available for communication or authorization, Brauser Maimonides Academy and its administration may, at their sole discretion, seek, obtain, and administer emergency care for the children named above. The parents or guardians do hereby release Brauser Maimonides Academy and its employees from any liability resulting from said medical attention. In addition, in accordance with Ordinance Number 89-21, Section 7-6.04 of the Child Care Code, parents or guardians do hereby authorize for a health care facility or physician to provide medical treatment as necessary to the child in the event parents or guardians cannot be reached and child must be taken to the facility. Parents or guardians also confirm that they assume full responsibility for payment for medical services rendered.

**PARENT SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CARPOOL INFORMATION:**

Who else has permission to pick up your child?

Name: \_\_\_\_\_ Cell: \_\_\_\_\_  
Name: \_\_\_\_\_ Cell: \_\_\_\_\_  
Name: \_\_\_\_\_ Cell: \_\_\_\_\_  
Name: \_\_\_\_\_ Cell: \_\_\_\_\_

**\*EC Only Carpool Password** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**\*This 4 digit code must be provided when calling BMA with a change in carpool for EC only.**

**GRANDPARENT INFORMATION:** (To send BMA news and Grandparent event information – Please include local and non-local)

Grandparents Names (Mother): \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
E-mail(s): \_\_\_\_\_

Grandparents Names (Father): \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
E-mail(s): \_\_\_\_\_

**Please return this completed form to the Mail School or Early Childhood Office. Thank you!**