Brawley Christian Academy

Emergency Authorization and Medical History (2020-21)

***Last Name*_____**

430 N. 2nd Street
Brawley, CA 92227
(760) 344-3911 phone
(760) 344-5864 fax
brawleychristian.com

	/	/	/
Student's Name (Print)	Date of Birth	Parent Name (Print)	Contact Number

FAMILY MEDICAL CONTACT (if applicable)

Doctor's Name	Contact Number	Address
Dentist Name	Contact Number	Address

FAMILY PRIVATE INSURANCE (if applicable)

Insurance Company Name	Insurance Policy Number
Parent/Guardian Medical Card Number	Student Medical Card Number

HEALTH HISTORY

Please check if your child has had any of these illnesses. Put a "C" if your child is currently experiencing.

☐ Mumps	☐ Diphtheria	☐ Convulsions / Seizures	☐ Measles	☐ Asthma
☐ Diabetes	☐ Heart Disease	☐ Whooping Cough	☐ Rheumatic Fever	☐ Chicken Pox
☐ Discharge in ears	☐ Hay Fever	☐ Pneumonia	☐ Frequent Headaches	
☐ Freq. Stomach Aches	☐ RSV	☐ Scarlet Fever	☐ Polio	

Does your child have/has any physical disabilities / diseases not listed above / and/or allergies? _____ Yes _____ No

If yes, explain: _____

Does your child have any mental, psychological, emotional, or other medically diagnosed disorders/conditions?

If yes, explain: _____

Medical Release and Drug Authorization

- I understand that drugs of any kind (including prescription or over the counter) are not allowed to be in students possession at anytime. Arrangements to take medicine or medication must be made through the office by the legal parents/guardians.
- I understand that in the event of any medical emergency, BCA will take the necessary course of action to ensure the safety and health of the child. Any medical expenses connected to the treatment, examination or transportation of the child must be paid for by the students' parents/guardians.
- I understand that Brawley Christian Academy reserves the right to drug/alcohol test students as deemed necessary for random or specific cases. I therefore give BCA consent in allowing my child to undergo drug/alcohol testing and to receive results from a certified laboratory in accordance with the school's drug testing policy.

By signing this form, you give consent and agree on the terms and statements listed above.

***Signature of Parent/Guardian*_____** ***Date:*_____**

(Revised 3/20)