

**Bracken Christian School  
Shadowing Emergency Information**

Entire form must be filled out. Please Print

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Student's Last Name,	First,	Middle	Birth Date	Age	Current Grade
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Father/Guardian	Home Phone	Daytime Phone	Cell Phone
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Mother/Guardian	Home Phone	Daytime Phone	Cell Phone
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Is your child allergic to any medication? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

Is he/she allergic to bee stings? \_\_\_\_\_ If yes, what action should be taken? \_\_\_\_\_

Are there any other medical issues we need to be aware of? \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Persons to whom my child may be released in the event of illness or emergency and I cannot be reached:

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Name	Home Phone	Work Phone	Cell Phone
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Agreement and Release from Liability

I hereby agree to indemnify and hold harmless Bracken Christian School, its officers, directors, and employees, from and against any and all liability or injuries which my child may suffer arising out of or in any way connected with my child's participation in this program. In case of emergency, arising during or in connection with any activity, I authorize any person in charge of the activity to consent to emergency treatment, at my expense. I understand that Bracken Christian School is not obligated to carry any insurance to cover medical and/or dental treatment for my child. I agree to pay any needed medical and/or dental expenses incurred by Bracken Christian School.

Insurance Company which covers my child: \_\_\_\_\_

Ins. Co. Phone: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_