

# THE BRIDGE ACADEMY REGISTRATION & EMERGENCY INFORMATION

Student's Name \_\_\_\_\_ SS# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Father's Work Place \_\_\_\_\_  
Father's Work Phone \_\_\_\_\_ Father's Cell \_\_\_\_\_ Email \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Mother's Work Place \_\_\_\_\_  
Mother's Work Phone \_\_\_\_\_ Mother's Cell \_\_\_\_\_ Email \_\_\_\_\_  
Sending District \_\_\_\_\_ Transportation Name & Contact Number \_\_\_\_\_  
Other Important Information Relevant to Child \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If not home parent may be contacted at:** Mother \_\_\_\_\_ Father \_\_\_\_\_  
Another adult who will assume care of the child: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Family Physician or Pediatrician: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Counselor or Psychologist \_\_\_\_\_ Phone \_\_\_\_\_ No calls will  
be made without parental consent

### MEDICAL EMERGENCY PROCEDURE

In the event of serious medical emergency I give my permission for my child to receive treatment at the emergency ward of the nearest hospital. Every attempt will be made to reach parents prior to treatment.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

\*The NJ Department of Education guidelines limit first aid for school children "to that which will protect life and comfort until authorized treatment is secured and is limited to first aid treatment only."  
School personnel may not provide medical treatment and may not give any medication, including aspirin, unless the medication is prescribed by a physician. Written permission from the parent or guardian requesting the school nurse to administer the medication must be on file. Medication must be delivered to the school office in a container with the dosage clearly marked.

### PERMISSIONS

I hereby give permission for \_\_\_\_\_ to participate in all field trips at The Bridge Academy during the school year. Although the teacher(s) in charge will take all possible care of students, Bridge Academy assumes no responsibility for accidental injury to students.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby give permission for my child to be pictured in photographs of school activities in the newspapers, brochures or other public relations materials.

Signature \_\_\_\_\_ Date \_\_\_\_\_

In case of separation/divorce the parents(s) legally responsible for this student and having legal custody is (are) \_\_\_\_\_ Signature of Custodial Parent \_\_\_\_\_ Date \_\_\_\_\_

I hereby give my permission for my child to see the school counsellor on an as needed basis.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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If you would like your child's grandparents to receive our newsletter and fundraising information (including the Annual Gala) please include their information below.

Grandparents Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Grandparents Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_