



**2021-2022**  
**EMERGENCY HEALTH INFORMATION**

Student Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies:

Food: \_\_\_\_\_

Medication: \_\_\_\_\_

Other: \_\_\_\_\_

Medical Conditions/Concerns: \_\_\_\_\_

Medications: \_\_\_\_\_

Vaccinated for COVID 19:  Yes  No

Vaccination received:  Pfizer  Moderna  Johnson and Johnson

Date of 1<sup>st</sup> dose: \_\_\_\_\_

Date of 2<sup>nd</sup> dose: \_\_\_\_\_

I, the undersigned, do hereby authorize officials of Windsor Bergen Academy to contact directly the person named below and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that physicians, other persons named on this form, or parents/guardians cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Local Physician's Name: \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_

Tel. Number: \_\_\_\_\_