

The Brothers of the Christian Schools
The Brothers of the Christian Schools
DISTRICT OF EASTERN NORTH AMERICA

Office for Mission and Ministry | 444 A Route 35 South | Eatontown, NJ 07724

**STUDENT INFORMATION and
EMERGENCY MEDICAL FORM**

DUE: 3 June 2010, Feast of the Ugandan Martyrs

Name: _____ **Email:** _____

Home Address: _____

School: _____ **Current Year in School:** _____

Gender (circle): Male / Female **T-Shirt size** (circle) : S M L XL XXL

- How many years, if any, have you attended the summer Lasallian Youth Assembly?

Parent(s)/Guardian(s):

- Please list any of your child's medical conditions (diabetes, heart condition, etc.) that the organizers of the assembly should be aware of:

- Is your child taking any medications (prescription or over the counter), and if so, for what condition?

- Does your child have asthma? If yes, does he/she have an inhaler?

- Does your child have any allergies (food, medical, bee stings, etc.)?

- Please give any information concerning medical insurance:

- Provider: _____ ID Number: _____

- In the event of an emergency, where can a parent/guardian be reached by telephone?

Name: _____

Home: _____ **Work:** _____

- In case you cannot be reached, whom else should we attempt to contact?

Name: _____ **Phone:** _____

RELEASE: If I cannot be reached in the event of a medical emergency involving my child, Br. Ernest Miller, FSC, or Mrs. Maryann Donohue Lynch (assembly organizers), the health and emergency staff at Bryant University, or the school's moderator have my permission to obtain professional attention and authorize emergency treatment as needed.

Parent's/Guardian's Signature

Date