

Boston Lithuanian School
Medical Information and Authorization for Emergency Medical Treatment

Due to HIPAA regulations, Boston Lithuanian School (BLS) is unable to collect and store healthcare information on our website. Your registration is not complete until the BLS Treasurer receives a signed copy of this completed form.

Student Name: _____

Home Address: _____

City, State, Zip: _____

Date of Birth: _____ Gender: _____

Medical Information

Do not leave any blanks. If none, write "None")

Allergies: _____

Medical Conditions: _____

Medications currently being taken: _____

Does your child carry an "EpiPen" (an auto-injector containing epinephrine): _____

Food Allergies: _____

Physician's Name: _____ Phone #: _____

Physician's Address: _____

Insurance Co: _____ Subscriber Info: _____

Hospital Pref.: _____

List two relatives or nearby neighbors who will assure temporary care of your child if you can't be reached.

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If I cannot be reached in the event of my child having a medical or other emergency, I authorize and direct BLS school staff to call the physician which I indicated on the online registration form and to follow his/her instructions, and/or to Dial 911, and to secure necessary medical treatment for my child.

I understand the information given here will be shared with appropriate BLS school staff. I understand I will assume full responsibility for payment of any transport or emergency medical services rendered.

Parent Signature: _____ Printed Name: _____ Date: _____