## BRUSSELS AMERICAN SCHOOL UNIT 8100, Box 13 APO AE 09714-9998 Health Office

## CONFIDENTIAL MEDICAL EMERGENCY RECORD AND PERMISSION

	Date of	entry into BAS	S Grade
Name of Student:		N	M F Birthdate
Last	First	Mid	
Sponsor's Name		Rank	SSN#
Sponsor's Duty Phone#		_Home Phone	#
GSM/Cell Phone#	Email Address		
<b>Emergency contact if parents are u</b>		ame	phone number
I give permission for my child to part enrollment at Brussels American Scho	•	chool health pr	rogram for the duration of his/her
Emergency medical/dental care to inecessary.  YES NO	nclude first aid	d at school and	any emergency treatment considered
Screenings in selected grade levels: YES NO	Hearing, Vision	on, Scoliosis (p	oosture), Height, Weight.
Parent/sponsor signature:		Date	2
Vicky Westland RN			

Vicky Westland RN Health Office 02/717-9560