	of your child's Yes No	Do you wish to have Brentwood Staff made aware of ymedical problems, special care, and possible complications?	o you wish to have Br blems, special care, ar	medical pro
	side of this card.	Please note this important information on the reverse sic	se note this important	Plea
	of any conditions ent nosebleeds ly or as needed basis.	It is absolutely necessary that the school be informed of such as asthma, seizures, heart ailments, or frequent as well as any medications that your child takes on a daily o	absolutely necessary t uch as asthma, seizur as any medications tha	It is sas well:
	No	May student have ibuprofen (Motrin/Advil) if age 12 or older? Yes	y student have Ibuprofen (h	Ma
	No _	May student have acetaminophen (Tylenol) or antacid (Tums)? Yes	y student have acetaminop	Ma
	No	Should family physician be contacted if parent is not available? Yes	ould family physician be co	Sh
	Telephone			2
	_ Telephone			
		Name of relative or neighbor who could be contacted when parent is not available:	who could be contacted	Name of relative or neighbor
	_ Telephone			Pediatrician/Family Physician
	_ Telephone			Mother's Employer
	_ Telephône			Father's Employer
	Cell Phone/Pager	Co		Guardian/Parent
	Home Telephone	I		Complete Address
7.	Birthdate	(middle initial)	(first)	Name(last)
	Grade	RICT	GH SCHOOL DIST	BRENTWOOD BOROUGH SCHOOL DISTRICT

SIGNATURE

DATE