

Brussels American School
Unit 8100 Box 13
APO AE 09714-9998
Health Office

EMERGENCY CONTACT AND PERMISSION FORM

Date of entry into BAS _____ Grade _____

Name of Student _____ M ___ F ___ Birthdate _____
Last First Middle

Sponsor's Name _____ Rank _____ SSN# _____

Sponsor's Duty Phone # _____ Home Phone # _____

GSM/Cell Phone # _____ Email Address _____

Local Emergency Contact if parents are unavailable: _____
Name Phone Number

I give permission for the following health screenings, in selected grade levels: Hearing, Vision, Height, and Weight.

YES _____ NO _____

Parent/Sponsor Signature: _____ **Date:** _____

Vicky Westland RN, BSN
School Nurse
02/717-9560 or 9553