



THE BEMENT SCHOOL  
PO BOX 8  
DEERFIELD, MA 01342  
PHONE: 413-774-7061  
FAX: 413-774-7863  
EMAIL: [summer@bement.org](mailto:summer@bement.org)

# STUDENT AND FAMILY INFORMATION

*for students applying to the English Language  
and Culture Summer Program*

*Note to Parents and Guardians:* These forms are required for admission into the summer program. Your candor and accuracy are great appreciated, as this information helps Bement take the best possible care of your child. All information on the form is confidential.

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth (city, province, country) \_\_\_\_\_

Parents' Names \_\_\_\_\_

Street Address \_\_\_\_\_

City and Province \_\_\_\_\_

Country and Postal Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Parents' Cell Phone Numbers \_\_\_\_\_

Parents' Email Addresses \_\_\_\_\_

If you would like to give permission for Bement to communicate with a friend, family member, or consultant who is helping to arrange for and/or translate during the time your child is staying at Bement, provide their information below.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_



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# EMERGENCY CONTACT INFORMATION

*for students applying to the English Language  
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While your child is at The Bement School this summer, it is helpful to have an English-speaking contact person who can act as a bilingual contact in the event of any emergency. The contact can live anywhere within the United States. Please return this form with your signed enrollment agreement to the Bement Admission Office or the above email address.

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship to Student \_\_\_\_\_

If you do not have an American contact, please list the name of anyone (a consultant, a family member, a family friend) besides the child's parents who we can contact in the event of an emergency.

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship to Student \_\_\_\_\_



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# PERMISSIONS AND INSURANCE

*for students applying to the English Language  
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The following permissions are required to facilitate the timely provision of medical care while your child is at Bement. The signature of a parent or guardian is required on this form prior to participation in classes and sporting activities. Every effort will be made to contact parents or guardians for serious illnesses, serious injuries, operations, or protracted or complex treatments.

*I hereby grant permission to The Bement School to provide medical care to my child during the time that s/he attends the summer program. I grant permission to the above-mentioned school to authorize and consent to any medical treatment of my child in the event of a medical or surgical emergency. This permission is in the event that I am unable to be contacted and medical or surgical judgment indicates that further delay would represent a risk to my child.*

*My child has permission to engage in all program activities and Bement sanctioned trips. I hereby acknowledge awareness that participation in all sports, activities and events involves some risk of injury, which may occur as a result of unavoidable accidents. I, hereby, accept these risks and give consent to participation by my child in all sports, activities, and events while s/he is attending school.*

*I hereby give my permission to allow photographs of my child to be used by the Bement School for print or electronic publications (promotional literature, web site, brochure, etc.)*

Signature of Parent or Guardian

Date

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## MEDICAL HISTORY

*for students applying to the English Language  
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The Bement School will arrange for health insurance coverage for your child during his or her stay on campus. However, if your child is already covered by an existing, United States-based insurance policy and you would like to forego the coverage arranged by Bement, please complete the following information and include **photocopies** of the front and back of your insurance card.

Name of insurance company \_\_\_\_\_

Phone number \_\_\_\_\_ Policy number \_\_\_\_\_

*If this information is not completed and/or photocopies of insurance cards are not provided, The Bement School will automatically provide insurance coverage for your child at an additional cost of approximately \$200 for the duration of the summer program.*

Use the space below to provide a summary of your child's medical information. Please be as specific as possible to help provide for the best possible summer experience for your child.

Please describe any medical concerns we should be aware of for the safety of your child.

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Give dosage and frequency of medications your child takes that were prescribed by a doctor.

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List medications your child takes frequently, including non-prescription drugs such as vitamins and herbal supplements. Please describe purpose, frequency, and dosage.

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Please specify any allergies your child has to drugs, food, plants, or animals.

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Is your child allergic to bee stings? \_\_\_\_\_

Has this student ever experienced a life threatening allergic reaction? \_\_\_\_\_

If so, has this student been instructed in the use of self-administered epinephrine? \_\_\_\_\_

Does the student wear glasses or contact lenses? \_\_\_\_\_