

Emergency Contact and Medical Information for a Child

Child's name: _____ Sex M F Date of Birth: ___/___/___
Parent /Guardian: _____ Parent/Guardian: _____
Home phone: _____ Home phone: _____
Work phone: _____ Work phone: _____
Cell phone: _____ Cell phone: _____
Address: _____ Address: _____

Email Address: _____ Email Address: _____
Last 4 digits of SS# _____ Last 4 digits of SS# _____

Alternative Emergency Contacts and Pick up

1. _____ Phone #: _____
2. _____ Phone #: _____

*Please list all persons in addition to legal guardians and emergency contacts that will have permission to pick up your child. Anyone not listed and does not have a car tag **WILL NOT** be allowed to pick up your child. Any additional persons list on the back of this form.*

1. _____ phone: _____ relationship to child: _____
2. _____ phone: _____ relationship to child: _____
3. _____ phone: _____ relationship to child: _____
4. _____ phone: _____ relationship to child: _____
5. _____ phone: _____ relationship to child: _____
6. _____ phone: _____ relationship to child: _____

Medical Information

Physician's name: _____ Phone # _____
Hospital preference: _____ Insurance provider: _____
Policy # _____ Person carrying the policy: _____

PLEASE LIST ALL MEDICATIONS YOUR CHILD TAKES ON A REGULAR BASIS:

NAME OF MEDICATION	HOW OFTEN TAKEN	DR. PRESCRIBING	DR. PHONE #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

(If medications will be given at school please fill out the BCA Medical Authorization Form)

GENERAL HEALTH: *(Please check any that may pertain to your child)*

Asthma Migraines ADD/ADHD Reflux or Indigestion Hypoglycemia Epilepsy
 Bone/joint problems Heart Condition Head injury Diabetes Bladder/kidney problems
 Fainting spells Nose bleeds other: _____

Allergies or special health considerations: _____

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and /or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Please put one copy in Teacher Documentation Log and send the original to front office to be filed