



# EMERGENCY CARD

Date of Enrollment: \_\_\_\_\_

CHILD'S FULL NAME: \_\_\_\_\_

CHILDS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

CHILDS PHONE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ALLERGIES OR \_\_\_\_\_

SPECIAL MEDICAL INFORMATION \_\_\_\_\_

DOCTORS NAME \_\_\_\_\_

DOCTORS PHONE NUMBER \_\_\_\_\_

DOCTORS ADDRESS \_\_\_\_\_

HEALTH CARD # \_\_\_\_\_

MOTHERS NAME \_\_\_\_\_ FATHERS NAME \_\_\_\_\_

CELL # \_\_\_\_\_ CELL # \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PLACE OF BUSINESS \_\_\_\_\_ PLACE OF BUSINESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_

WORK # \_\_\_\_\_ WORK # \_\_\_\_\_

## EMERGENCY INFORMATION

CONTACT #1 \_\_\_\_\_ CONTACT #2 \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

WORK/CELL# \_\_\_\_\_ WORK/CELL # \_\_\_\_\_

### Medical Release/Emergency Authorization

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the BVO Kids Club Supervisor responsible to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery, and/or emergency transportation, if necessary, for the person named above.

Signature of Parent \_\_\_\_\_ Date: \_\_\_\_\_