



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: _____