

# EMERGENCY CONSENT FORM



**BRITISH COLUMBIA  
CHRISTIAN ACADEMY  
KIDS CLUB CENTRE**  
1019 FERNWOOD AVE  
PORT COQUITLAM – BC V3B 5A8  
604-942-3746; 604-941-8426  
[kidsclub@bcchristianacademy.ca](mailto:kidsclub@bcchristianacademy.ca)  
[www.bcchristianacademy.ca](http://www.bcchristianacademy.ca)

**PROGRAM:**

- GROUP DAYCARE
- INFANT AND TODDLER CARE
- OUT OF SCHOOL CARE
- PRESCHOOL

**DATE OF JOINING:** \_\_\_\_\_

**DAYS/TIMES:** \_\_\_\_\_

SURNAME / LEGAL NAME(S): \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

MOTHER/GUARDIAN'S NAME: \_\_\_\_\_

CELL: \_\_\_\_\_

WORK: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FATHER/GUARDIAN'S NAME: \_\_\_\_\_

CELL: \_\_\_\_\_

WORK: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

PHONE NO(S): \_\_\_\_\_

ALTERNATE/OUT OF TOWN CONTACT: \_\_\_\_\_

PHONE NO(S): \_\_\_\_\_

CHILD'S DOCTOR: \_\_\_\_\_

PHONE NO(S): \_\_\_\_\_

CHILD'S DENTIST: \_\_\_\_\_

PHONE NO(S): \_\_\_\_\_

ANY ALLERGIES: \_\_\_\_\_

MEDICATION: \_\_\_\_\_

OTHER MEDICAL CONCERNS: \_\_\_\_\_

CARE CARD NO: \_\_\_\_\_

**CONSENT FORM:**

1. It is the policy of this centre to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

2. Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to the centre immediately. We will take this consent with us to the emergency centre.

3. I hereby give consent for my child \_\_\_\_\_ when ill to be taken to the nearest emergency centre by BCCA staff when I cannot be contacted.

4. I hereby give consent for my child \_\_\_\_\_ to receive medical treatment.

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
PLEASE PRINT NAME

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
PLEASE PRINT NAME

\_\_\_\_\_  
DATE: