

# EMERGENCY CONSENT FORM 20\_\_-20\_\_



Please attach a photo  
with your submission

LAST NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_

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

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

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

IMMUNIZED:  YES  NO

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

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

MOTHER/GUARDIAN NAME: \_\_\_\_\_

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

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

FATHER/GUARDIAN NAME: \_\_\_\_\_

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

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

EMERGENCY CONTACT(S): \_\_\_\_\_

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

OUT OF PROVINCE CONTACT(S): \_\_\_\_\_

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

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

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

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

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

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

\*MEDICATIONS: \_\_\_\_\_

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

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

- FOR CHRONIC HEALTH CONDITIONS, PLEASE COMPLETE & SUBMIT A STUDENT CARE PLAN

PROGRAM:  ITC |  JKC |  GDC |  OSC |  SC

DATE OF JOINING: DD-MMM-YYYY

DAYS:  M  Tu  W  Th  F

## CONSENT FORM:

1. It is the policy of this centre to notify a Parent when a Child is ill or needs medical attention. In the event 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 Centre.
2. Please sign the consent form below so that we can take appropriate action on behalf of your Child. Please return the signed consent form to our office immediately. We will take this consent form 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 am not contactable.
4. I hereby give consent for my Child \_\_\_\_\_ to receive medical treatment at the nearest Emergency Centre when I am not contactable.

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

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

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

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