

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: GDC | JRK | JRK/E | ITC |
K-OSC | OSC

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