

Year: _____ BCC CE

Student Emergency Information

ALL information must be filled out COMPLETELY

Child's Name: _____ Boy
 Girl

Date of Birth: _____ Grade: _____

Allergies: medical conditions, special needs: _____

(Please be specific as this information is important in order to keep your child safe. In case of an accident, illness or emergency and you are unavailable, and it becomes necessary to transport your child to the hospital, this card will accompany him/her.)

Parent/Guardian Information

Name: _____
Mom Dad Other _____
Circle if this person does NOT attend BCC
Cell# _____
Home# _____
Address: _____
City: _____ Zip: _____
State if other than MI: _____

Name: _____
Mom Dad Other _____
Circle if this person does NOT attend BCC
Cell # _____
Home# _____
Address: _____
City: _____ Zip: _____
State if other than MI: _____

Emergency Consent Form

If you are unavailable, this Emergency Consent form allows Bancroft Congregational Church and its agents to obtain and/or administer emergency care for your child. In the unlikely event of a serious accident, illness or other emergency, this card will help insure your child will be properly cared for and protected. (The side of the card is strongly recommended but is optional)

Health Insurance Company: _____

Member ID: _____ Group ID: _____

Policy holder name: _____

Policy holder telephone contact #: _____

Policy holder date of birth: _____

Emergency contact (other than parent/guardian): _____

Emergency contact phone # _____ cell# _____

Students current medications: _____

I, _____ give permission for the child listed on this card to receive medical treatment in the event of an emergency, accident, injury or illness. I give authorization for treatment to all medical personnel, including licensed physicians, nurses, technicians, emergency responders, and other medical personnel. I also assume responsibility for the cost of treatment if any.

Signed (parent/guardian): _____ **Date:** _____