

**EMERGENCY INFORMATION CARD**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Tele \_\_\_\_\_

Birthdate \_\_\_\_\_

Where can Parent/Guardian be reached if not at home:

Mother/Guardian \_\_\_\_\_

First/Last Name

Address

Work Number

Father/Guardian \_\_\_\_\_

First/Last Name

Address

Work Number

How would you prefer to be contacted? (Circle One)

Phone Call                      Text                      Email

List 3 neighbors or nearby relatives who may assume temporary care of your child if you cannot be reached.

1. Name \_\_\_\_\_ Tele. \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Tele. \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Tele. \_\_\_\_\_

Address \_\_\_\_\_

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Address \_\_\_\_\_

2. Name \_\_\_\_\_ Tele. \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Tele. \_\_\_\_\_

Address \_\_\_\_\_

Date: \_\_\_\_\_

In case of accident or serious illness, I request that BGGWLC contact me. If BGCWLC is unable to reach me, I hereby authorize them to call an ambulance or take my child to a nearby medical treatment facility. I give my permission for BGCWLC to obtain emergency medical treatment for my child. I will be responsible for any fees that may incur due to emergency medical treatment of my child.

**Signature of Parent/Guardian**

Allergies: \_\_\_\_\_

Other Conditions: \_\_\_\_\_

Physicians Name \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_

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Other Conditions: \_\_\_\_\_

Physicians Name \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_