

Home School

BASCOL SUMMER 2008 EMERGENCY CARD

Team

Summer Site

REQUIRED EMERGENCY INFORMATION (Please fully complete the front of this card in print)

Password

I n A n E m e r g e n c y N o t i f y	Child's Full Name		Allergies, Special Information, etc. (use back if needed)	Date of Birth
	Gender <input type="checkbox"/> M <input type="checkbox"/> F	1st Child		*No Medication needed while at BASCOL Initial _____
	Gender <input type="checkbox"/> M <input type="checkbox"/> F	2nd Child		*No Medication needed while at BASCOL Initial _____
	Please Check Where Child Resides			Telephone
	Parent Mother/Father/Guardian Circle One	Name	Address	(H) _____ (W) _____ (C) _____
	Parent Mother/Father/Guardian Circle One	Name	Address	(H) _____ (W) _____ (C) _____
	Emergency Contact/ Additional Release Persons ** (Other than Parents)	Name	Address	(H) _____ (W) _____ (C) _____
		Relationship to child		
		Name	Address	(H) _____ (W) _____ (C) _____
		Relationship to child		
Physician				

* I understand that in the event of an emergency 911 will be contacted.

** Note: Contact person needs to be available to be reached by phone during program hours. (Two are required)

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ADDITIONAL AUTHORIZED RELEASE PERSONS (IF NEEDED)				
Name	Relationship	Home	Work	Cell

ADDITIONAL "SPECIAL INFORMATION" (IF NEEDED)

I agree that in the case of accident or injury emergency medical care may be given in the event I or the person(s) designated above cannot be reached.

Insurance Company	ID or Contract Number

Topical Over-the-Counter Medication Parent Permission

Name of Topical Medication	Directions For Administration	Valid Dates For Administration
Sunscreen and/or Bug Repellent (from home)	Per Product Labels	6/30/08 through 8/22/08
Hydrogen Peroxide, Antibacterial Towelettes and/or Waterless Soap (from site)	Per Product Labels	6/30/08 through 8/22/08

** _____
 Parent/Guardian Signature Date
**** This Signature applies to all the information on the Emergency Card**

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