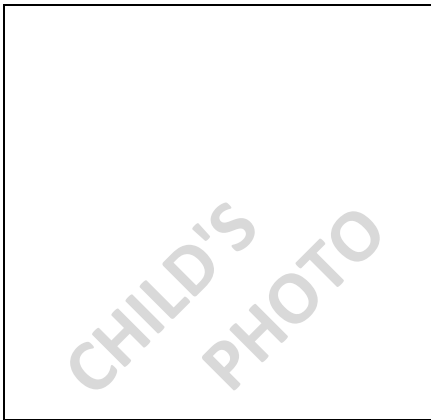


EMERGENCY CONSENT FORM



**BRITISH COLUMBIA
CHRISTIAN ACADEMY
KIDS CLUB CENTRE**

1019 FERNWOOD AVE
PORT COQUITLAM – BC V3B 5A8
TEL: 604-942-3746; 604-616-9740

email: kidsclub@bccaschool.ca

website: www.bcchristianacademy.ca



LAST NAME: _____ **GENDER:** M F

FIRST & MIDDLE NAMES: _____

PREFERRED NAME: _____

DATE OF BIRTH: _____ DD-MMM-YYYY

HOME PHONE: _____

HOME ADDRESS: _____

MOTHER/GUARDIAN'S NAME: _____

CELL: _____ WORK: _____

EMAIL: _____

FATHER/GUARDIAN'S NAME: _____

CELL: _____ WORK: _____

EMAIL: _____

EMERGENCY CONTACT(S): _____

PHONE NO(S): _____

OUT OF TOWN CONTACT(S): _____

PHONE NO(S): _____

CHILD'S DOCTOR: _____

PHONE NO(S): _____

CHILD'S DENTIST: _____

PHONE NO(S): _____

*ANY ALLERGIES: _____

*MEDICATION: _____

*OTHER MEDICAL CONCERNS: _____

CARE CARD NO: _____

PROGRAM:

- JR. KINDERGARTEN
 EXTENDED JR. KINDERGARTEN
 GROUP DAYCARE INFANT AND TODDLER CARE
 OUT OF SCHOOL CARE SUMMER/SPRING CAMP
GRADE: _____ / SCHOOL: _____

DATE OF JOINING: _____ DD-MMM-YYYY

DAYS/TIMES: _____

CONSENT FORM:

1. It is the policy of this centre to notify a parent when a child is ill or needs medical attention. Occasionally 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 service.

2. Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to the centre immediately. We will take this consent 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 cannot be contacted.

4. I hereby give consent for my child _____ to receive medical treatment.

SIGNATURE OF PARENT / GUARDIAN

PLEASE PRINT NAME

SIGNATURE OF WITNESS

PLEASE PRINT NAME

DATE:

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