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

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:

*ANY ALLERGIES:

*MEDICATION:

*OTHER MEDICAL CONCERNS:

CARE CARD NO:

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