BCA
Belvoir Christian Academy

Children's Center
Medical/Emergency Information

Date:_____

Child Information

Last Name: _____First: _____ Age:_____

Emergency Contacts

Name: _____ Phone: ( ) _____ Relation: _____

Name: _____ Phone: ( ) _____ Relation: _____

Physician's Name: _____ Phone: ( ) _____

Health Insurance Company: _____ Group #: _____

Hospital Preferred: _____

Is BCA authorized to: Seek treatment Call physician Call ambulance

Signature: _____

Parent/Guardian signature to authorize BCA/CCC to seek treatment

To receive text messages for weather-related closings and other school alerts:

Parent 1 Cell Phone #: ( ) _____ Cell Phone Carrier: _____

Parent 2 Cell Phone #: ( ) _____ Cell Phone Carrier: _____

Health Concerns

Please list any health concerns (*Your child's physician must report special dietary concerns to our cafeteria manager.)*:

_____

_____

Is your child taking any prescription medication? Y:____N:_____

If yes, please list medication(s):_____

Reason for taking medication:_____

Length of time taking medication: _____

Authorization for Pick Up from BCA – List more on separate sheet if needed.

Name: _____Phone Number: ( ) _____ Relation: _____

Name: _____Phone Number: ( ) _____ Relation: _____

Name: _____Phone Number: ( ) _____ Relation: _____

Please note that we will request photo ID of those listed above at time of pick-up. *(OVER)*

Grandparent Information	Grandparent 1	Grandparent 2
First and Last Name *(please print)*		
Home Address		
City, State, Zip Code		
Home Number		
Cell Number		
Email		

Grandparent Information	Grandparent 1	Grandparent 2
First and Last Name *(please print)*		
Home Address		
City, State, Zip Code		
Home Number		
Cell Number		
Email		