



BCC YOUTH MINISTRIES

EMERGENCY INFORMATION FORM

Name: _____ School: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Grade: _____ Age: _____ Sex: _____

Parent / Guardian: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Emergency Contact: (In case parent or guardian cannot be reached)

Name: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Health Insurance Company: _____

Group No. _____ Policy No. _____

Medications: If your child is presently taking any medications please list them below.

LIST MEDICATIONS AND DOSAGE: _____

I do hereby authorize the adult leaders of BCC to administer non-prescription medications (i.e. Aspirin, Tylenol, Motrin, etc.) to my child if it is deemed necessary.
Parent / Guardian initials _____ (If not initialed we will not give any meds. without contacting you first.)

Allergies: If your child is allergic to any medications, foods, lotions, etc. please list them below.

LIST ALLERGIES: _____

Signature of parent / guardian _____ Today's Date _____

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