

BBA Emergency Card

Please print two copies of this form and bring both to registration

Child's First Name: Last Name: Date of Birth: / /

Address: Town: Home Phone:

Mother's Name: Place of Work: Phone:

Father's Name: Place of Work: Phone:

Mother's Cell Phone: Father's Cell Phone:

Which Parent Does Child Live: Mother Father Both

Who Should Be Notified Of Child's Injury Or Illness: Mother Father

Please List Neighbors Or Nearby Relatives Who Will Assume Temporary Care Of Your Child If You Cannot Be Reached:

Name: Address: Phone:

Name: Address: Phone:

If we are unable to reach you, do you authorize us to call your doctor? Yes No

May we send the child to the hospital? Yes No

Family Physician: Phone: Hospital:

If no, what emergency procedure should be followed?

Is there any medical problem or allergy that we should be aware?

Does your child wear Glasses Contacts

Signature of Parent or Guardian: _____ Date: _____