

**Bradford Christian Academy
Emergency Card
2016-2017 School Year**

Student Name: _____ Sex: __Male __Female
(First) (Middle) (Last)

Date of Birth ____/____/____ Grade: _____ Home Telephone: _____

Address: _____
(Street) (City) (State) (Zip code)

Race (for State Reporting Purposes): American Indian____ Asian____ Black____ Hispanic____ White____

Please list medications taken on a regular basis (name and dose). Use second sheet if needed.

Medication allergies: _____

Emergency Daytime Phone Numbers:

Mother's Name: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Father's Name: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Name, address and phone number of person to be contacted if parents are not available

Name: _____ **Relationship:** _____

Address: _____ **Telephone:** _____

Medical Release

We/I, the parent(s)/guardian(s) of _____, do hereby authorize the staff of Bradford Christian Academy, to act on our/my behalf in the event that our/my child named above requires medical attention of any kind and we/I cannot be reached.

BCA is hereby authorized to take whatever steps may reasonably be necessary to secure adequate medical attention for our/my child named above. BCA may release physicians and/or other medical personnel to perform any and all medical procedures or to take any other measures deemed necessary and appropriate to affect such treatment, under the circumstances.

We/I agree to bear full responsibility for any costs or obligations incurred by BCA in providing medical care for our/my child.

Pediatrician's Name: _____ Phone: _____ Fax: _____

Pediatrician's Office Location (town/city only): _____

Health Insurance Carrier: _____ ID#: _____

Allergies

Our child has the following allergies (please list allergies to medicines, foods, pets, etc. If your child has no known allergies, please write 'NO KNOWN ALLERGIES' in the space below):

Date

Signature of Father

Signature of Mother