

EMERGENCY - PERMISSION CARD

Child's Name: _____ (M) (F) D.O.B. _____

Address: _____

_____ Home Phone: _____

Parent/Guardian: _____ Work Phone: _____

Parent/Guardian: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Date of most recent Tetanus shot: _____

Child's Doctor: _____ Phone: _____

BC Care Card: _____ Medical Conditions: _____

Allergies/Medications: _____

Child's Dentist: _____ Phone: _____