



Christian Children's Center

Medical/Emergency Information

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 for rescue squad

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

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

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

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

Health Concerns

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

Is your child taking prescription medication for the purpose of improving academic performance? Y: ___ N: ___

If yes, which medication and how long has your child been taking it? (Medication): _____

(Length of time taking medication): _____

Please list any other prescription medications your child is taking: _____

Authorization for Pick Up from BCA (please identify)

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.

Grandparent Information	Grandmother	Grandfather
First and Last Name <i>(please print)</i>		
Home Address		
City, State, Zip Code		
Home Number		
Cell Number		
Email		

Grandparent Information	Grandmother	Grandfather
First and Last Name <i>(please print)</i>		
Home Address		
City, State, Zip Code		
Home Number		
Cell Number		
Email		

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