

Bensalem Christian Day School
 4300 Hulmeville Rd. Bensalem, PA 19020
 215-245-1610

EMERGENCY CONTACT/PARENTAL CONSENT FORM

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		CELL NUMBER
WORK NAME		WORK TELEPHONE NUMBER
WORK ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		CELL NUMBER
WORK NAME		WORK TELEPHONE NUMBER
WORK ADDRESS		
EMERGENCY CONTACT PERSONS NAME ADDRESS AND TELEPHONE NUMBER WHEN CHILD IS IN CARE		
PERSON(S) TO WHOM CHILD MAY BE RELEASED NAME ADDRESS AND TELEPHONE NUMBER WHEN CHILD IS IN CARE		
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITY (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW		
Admin. of Minor First Aid Procedures	Y or N	Photograph for <u>In-School</u> Purpose: e.g. Monthly Newsletters, Smart T.V.
Emergency Medical Care	Y or N	Photograph for Public Advertisement: e.g. Public Newspaper, Facebook, Television
		Walks around Perimeter of Building.
		Y or N