

Buena Vista Childcare Student Emergency Form 2023-24

Student's Last Name		First Name		Middle Name		Birth Date		Age Fall 2023			
Grade in the Fall of 2023:				School:				For office Use: Drop-In or Monthly \$ _____			
Name and grade of other Siblings:						Language Spoken at Home:					
Parent/Guardian/Caregiver Name:					Parent/Guardian/Caregiver Name:						
Home Address:					Home Address:						
City, State, Zip:					City, State, Zip:						
Home Phone:			Work Phone:			Home Phone:			Work Phone:		
Cell Phone:			Indicate which phone to call first <input type="checkbox"/> cell <input type="checkbox"/> work# <input type="checkbox"/> home #			Cell Phone:			Indicate which phone to call first <input type="checkbox"/> cell <input type="checkbox"/> work# <input type="checkbox"/> home #		
E-Mail Address: (PLEASE PRINT)					E-Mail Address: (PLEASE PRINT)						
CHILD LIVES WITH: <input type="checkbox"/> Mother <input type="checkbox"/> Father: <input type="checkbox"/> Caregiver/Guardian <input type="checkbox"/> Other (specific) _____											
EMERGENCY CONTACTS: In the event that there is an emergency or the child listed above becomes ill or is injured at school and I cannot be contacted, BVCC administrators have my permission to contact and release my child to the custody of one of the following:											
Name		Relationship			Home Phone		Cell Phone				
PERSONS AUTHORIZED FOR PICK UP: Your child(ren) will only be released to the people on this list.											
<input type="checkbox"/> YES, there is a Legal Restraining Order. Please send a copy to the office.											
My child has health insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list name of coverage: _____ Policy/Member: _____											
Health Care Provider: _____ Telephone: _____											
If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.								<input type="checkbox"/> I do not consent			
<input type="checkbox"/> NO MEDICAL CONDITION <input type="checkbox"/> My child has been diagnosed with following condition(s):											
<input type="checkbox"/> Asthma <input type="checkbox"/> Seizures <input type="checkbox"/> Diabetes Insulin required? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Allergies/Allergic to: _____ Date of last reaction: _____											
Does your child have any other major health issue(s)? <input type="checkbox"/> Yes (please list) <input type="checkbox"/> No											
Medication: _____											

Prescribed & over the counter medications may only be administered if we have the Medication Authorization form signed by child's physician.

Parent/Guardian's Signature: _____ Date: _____