



## Emergency Information and Release Form

Name of child \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Middle Nickname

Address \_\_\_\_\_

Parent #1 or Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent #2 or Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Persons authorized to pick up child:

\_\_\_\_\_  
Name Relationship to Child

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name Relationship to Child

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name Relationship to Child

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name Relationship to Child

\_\_\_\_\_  
Phone Number

**Under no circumstances will a child be released to anyone without authorization from his or her parents or guardian.** *Note: It is legal for either parent to pick up a child unless we have a copy of a court order restricting visitation.*



If our son/daughter, \_\_\_\_\_, should need any form of medical treatment, including medication, hospitalization, or surgery, while attending BEECC and its activities from September 2023 through June 2024, an attempt should be made to contact:

\_\_\_\_\_ at \_\_\_\_\_ or  
parent #1/guardian phone

\_\_\_\_\_ at \_\_\_\_\_  
parent #2/guardian phone

Persons in **LOCAL AREA** to be called in case of emergency, when neither parent can be reached:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

In case the parents or authorized person cannot be reached, we hereby give our permission for emergency medical treatment, including first aid treatment, medication, hospitalization or surgery, deemed necessary or advisable by a licensed physician. Such expenses incurred will be borne by the child's family.

Child's physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency hospital preference \_\_\_\_\_

Name of insurance company \_\_\_\_\_ Phone \_\_\_\_\_

Policy number \_\_\_\_\_

Child's special medical issues (**INCLUDING ANY ALLERGIES**) \_\_\_\_\_

**\*\*IF FOOD ALLERGIES, STATE TYPE OF FOODS** \_\_\_\_\_

**\*\*Food Allergy Action Plan MUST BE completed for all food allergies. Please contact the BEECC Office for form.**

\_\_\_\_\_  
Parent #1/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent #2/Guardian Signature

\_\_\_\_\_  
Date