

Emergency Information – BN STEM

Child's Name: _____

Guardian(s) Name: _____ Relationship to Child: _____

Phone Number(s): _____

EMERGENCY PICK UP PERSON

Name: _____ Relationship to Child: _____

Phone Number(s): _____

EMERGENCY MEDICAL CARE

In the event of an extreme illness or accident, if a parent/guardian cannot be contacted, I hereby give my consent to BN STEM to provide emergency care for my child, including administering first aid/CPR and transport to a clinic, hospital, or doctor. Transportation may be provided in a privately owned car, commercial vehicle, or ambulance/rescue unit.

Name of preferred physician: _____ Office Phone: _____

Name of preferred hospital: _____ Office Phone: _____

SPECIAL NEEDS INFORMATION /CULTURAL INFORMATION

Please list any medical or allergy conditions which could affect your child's adjustment to a group setting. _____

PHOTOGRAPHS/VIDEO

I do do not (*check one*) consent for my child to appear in photographs and/or video used for publicity purposes, which could include social media, brochures, etc.