

Children's Additional Emergency Contact Form

Child's Name: _____ Birthdate: _____

If your child needs emergency medical care, and you are not available to give formal consent to medical authorities, medical treatment may be delayed. An emergency consent form helps prevent possible delays.

In case of an emergency, if the situation is life threatening and my child needs to obtain medical treatment or transportation by ambulance, I release Bright Minds Christian Dayschool from any legal or financial responsibility for such actions.

Parent Signature Date

Other Emergency Contacts:

Name _____ Relationship _____

Home Phone _____ Work _____ Cell _____

Name _____ Relationship _____

Home Phone _____ Work _____ Cell _____

Name _____ Relationship _____

Home Phone _____ Work _____ Cell _____

Name _____ Relationship _____

Home Phone _____ Work _____ Cell _____

Name _____ Relationship _____

Home Phone _____ Work _____ Cell _____

Name _____ Relationship _____

Home Phone _____ Work _____ Cell _____

Name _____ Relationship _____

Home Phone _____ Work _____ Cell _____

Name _____ Relationship _____

Home Phone _____ Work _____ Cell _____

Please fill out and sign this form and return to the office.
Thank you