



# BASC EMERGENCY FORM

School Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Days Attending: M T W TH F BC AC BOTH

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

## Other Individuals to contact in case of an emergency & authorized pick-up:

1. \_\_\_\_\_  
(NAME) (PHONE #) (RELATIONSHIP)
2. \_\_\_\_\_  
(NAME) (PHONE #) (RELATIONSHIP)
3. \_\_\_\_\_  
(NAME) (PHONE #) (RELATIONSHIP)

**PLEASE LIST ANY HEALTH PROBLEMS (I.E. ALLERGIES, ASTHMA, DIABETES, EPILEPSY, VISION OR HEARING PROBLEMS):**

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DOES CHILD TAKE ANY MEDICINE?    \_\_\_\_\_ YES    \_\_\_\_\_ NO

WHAT KIND? \_\_\_\_\_

PERMISSION TO MONITOR IT: \_\_\_\_\_ YES    \_\_\_\_\_ NO

***PLEASE CONTACT RECREATION COORDINATOR FOR SEPARATE PERMISSION TO DISPENSE MEDICINE FORM. IF MEDICINE IS TO BE KEPT IN A SAFE LOCATION AT SITE.***

**CHILD'S DOCTOR:** \_\_\_\_\_    **DOCTOR'S PHONE #:** \_\_\_\_\_

**EMERGENCY TREATMENT RELEASE**

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me. THIS RELEASE FORM IS COMPLETED AND SIGNED OF MY OWN FREE Will WITH THE SOLE PURPOSE OF AUTHORIZING TREATMENT UNDER EMERGENCY CIRCUMSTANCES IN MY ABSENCE:

Parent Signature: \_\_\_\_\_    Date: \_\_\_\_\_