

BAYBERRY CHRISTIAN SCHOOL EMERGENCY CARD YEAR \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(number, street, town, zip code)

HOME PHONE: \_\_\_\_\_

Mother's Information

Father's Information

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

WORK: \_\_\_\_\_

WORK: \_\_\_\_\_

CELL # \_\_\_\_\_

CELL # \_\_\_\_\_

IF PARENTS CANNOT BE REACHED, CONTACT:

NAME PHONE RELATIONSHIP TO CHILD

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE TURN OVER

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE TURN OVER

In case of an emergency I authorize the Bayberry Christian School staff to provide First Aid and call 991. If transportation of my child to Cape Cod (or nearest) Hospital seems necessary, I consent to have my child transported by ambulance to the hospital. I understand that I will be contacted immediately after emergency services have been called.

CHILD'S PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILD'S ALLERGIES: \_\_\_\_\_

I authorize the following person(s) to pick up my child from Bayberry Christian School:  
NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

_____	_____
_____	_____
_____	_____

I WILL CALL AHEAD TO LET BCS KNOW WHEN A PERSON, OTHER THAN THE PARENTS, IS PICKING UP MY CHILD.

I UNDERSTAND THAT MY CHILD WILL NOT BE RELEASED TO ANYONE OTHER THAN THE PARENTS OR PERSONS MENTIONED ABOVE.

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