

# Emergency Card

Burnaby Association for Community Inclusion



Participant's Full Name:

Participant's Home Address:

Birth Date (DD/MM/YYYY):

Care Card #

Parent #1 Full Name:

Home Phone:

Cell Phone:

Work Phone:

Parent #2 Full Name:

Home Phone:

Cell Phone:

Work Phone:

Emergency Contact Name:

Phone:

Out of Town Contact:

Phone:

Authorized Pick-up List:

Participant's Doctor

Phone:

Allergies/Medications:

## Consent Form

1) It is the policy of this centre to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

2) Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre.

3) I hereby give consent, valid for the duration of time my child receives services from BACI, for my child \_\_\_\_\_, when ill, to be taken to the nearest emergency centre by the Care Facility Staff when I cannot be contacted.

4) I hereby give consent, valid for the duration of time my child receives services from BACI, for my child \_\_\_\_\_, to receive medical treatment.

Date:

\_\_\_\_\_  
Parent/Guardian Signature

Date:

\_\_\_\_\_  
Witness Signature