



### BMC PANTHER HOUR CONTACT INFORMATION

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Enrollment date: \_\_\_\_\_

Gender: \_\_\_\_\_ Street/PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Legal Guardian #1:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone #'s: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell)

**Legal Guardian #2:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone #'s: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell)

**Emergency Contacts (someone who will be able to pick-up your child when you are not able to):**

Contact Name/relationship	Address	Telephone #	Work/Cell #

**Medical Care Information:**

Child's source of Medical Care/Primary Care Physicians Name:	Telephone Number:
Child's Source of Dental Care/Dentist Name:	Telephone Number:

**Special conditions, allergies, medical conditions/medications, disabilities for emergency situations:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Parent/Guardian Consent and Agreement:**

As a parent/guardian I give consent to have my child receive first aid by BMC Panther Hour staff and if necessary, be transported to receive emergency care. I understand that I will be responsible for all charged not covered by insurance. I give consent for the emergency contact person listed to act on my behalf until I am available. **I understand that by signing this form I am giving permission for my child to be released to the emergency contacts listed above.** I agree to review and update this information whenever a change occurs and at least every 6 (six) months.

**Custody:** Are there custody orders: Yes \_\_\_\_ No \_\_\_\_ (custody order must be attached)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Emergency Contacts (if needed):**

<b>Name and relationship:</b>	
<b>Address:</b>	
<b>Telephone:</b>	

<b>Name and relationship:</b>	
<b>Address:</b>	
<b>Telephone:</b>	

<b>Name and relationship:</b>	
<b>Address:</b>	
<b>Telephone:</b>	

Received/Reviewed by: \_\_\_\_\_ (initials)