

Brunswick Christian Academy
Emergency Information Card for Aftercare
For School Year 2022- 2023

Name _____

Address _____

City _____ State _____ Zip Code _____

Father/Guardian's Name _____ Phone: _____

Cell Number _____ Work Number _____

Mother/Guardian's Name _____ Phone: _____

Cell Number _____ Work Number _____

Primary contact ____ Both Parents ____ Mother ____ Father Other: _____

Authorized Emergency Contact: _____ Phone: _____

Relationship to student _____

Authorized Emergency Contact: _____ Phone: _____

Relationship to student _____

Authorized Emergency Contact: _____ Phone: _____

Relationship to student: _____ Phone: _____

Allergies: _____

Medication taken after 3:00 p.m. _____ Dose: _____

EPI Pen: ____ Yes ____ No

EPI pen will be with student at all times during school, aftercare, and any in school functions.

Does the student have any medical conditions (such as asthma, etc.) _____

Parent Signature for medication/EPI pen: _____