

**\*Please fill out regardless if you intend for your child to regularly attend aftercare. Emergency situations often arise, and we need this form on file for our aftercare teachers.**

**Brunswick Christian Academy  
Emergency Information Card for Aftercare  
For School Year \_\_\_\_\_ - \_\_\_\_\_**

Student 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: \_\_\_\_\_