



Bear Care Information Sheet

Check One - Part Time _____ *Full Time* _____

Child's Name: _____

Mother/Guardian Name: _____

Cell Number: _____ Work Number: _____

Email: _____

Father/Guardian Name: _____

Cell Number: _____ Work Number: _____

Email: _____

Emergency Contact Information:

Those that should be contacted in the case of an emergency (if we do not get in contact with the parents).

Name: _____ Cell Number: _____

Name: _____ Cell Number: _____

Name: _____ Cell Number: _____

Medical Information:

Allergies (name any and all allergies which may affect your child:

Other conditions or special needs: _____

Physician: _____ Phone Number: _____

Hospital of Preference: _____

I agree to allow Holy Family Bear Care personnel to administer first-aid/and or emergency treatment to my child in the case of injury or illness.

Parent Signature: _____ Date: _____