Brisbane Parks & Recreation Department YOUTH EMERGENCY CARD AND IDENTIFICATION

Participant Name		Date of Birth			
Street Address	City	State	Zip	School	
Parent/Legal Guardian #1		Ema	il		
Primary Phone	(home / cell / work)	Secondary Phone		(home / cell / work)	
Parent/Legal Guardian #2		Email			
Primary Phone	(home / cell / work)	Secondary Phone		(home / cell / work)	
2. Physician to be called in an emerge	ncy, name and phone num	ber.			
3. Medi-Cal Number	Medical Number_	er Insurance Number			
4. Allergies or other medical limitation	ns				
Names of person or perso (Your child will not be	ns authorized to take allowed to leave with any				
<u>NAME</u>	<u>ADDRESS</u>	<u>PH</u>	ONE	<u>RELATIONSHIP</u>	