Brisbane Parks & Recreation Department
YOUTH EMERGENCY CARD AND IDENTIFICATION

1. Participant Name_____ Date of Birth_____

Street Address_____ City_____ State_____ Zip_____ School_____

Parent/Legal Guardian #1_____ Email_____

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 emergency, name and phone number.

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3. Medi-Cal Number_____ Medical Number_____ Insurance Number_____

4. Allergies or other medical limitations_____

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Names of person or persons authorized to take child from facility (other than parent/guardian)

(Your child will not be allowed to leave with any other person without parent/guardian authorization)

NAME	ADDRESS	PHONE	RELATIONSHIP