

# 2015 Health and Emergency Contact Information

10640 Northwest 32nd Street Sunrise, FL 33351 Phone: 954-746-3117 Fax: 954-572-7988  
[www.BrowardCrime.org](http://www.BrowardCrime.org)

This form must be completed by a parent or guardian and returned along with the registration form.  
**Please complete ONE form per family.**



1. Student's Name \_\_\_\_\_ M/F Grade \_\_\_\_\_ Birthday \_\_\_\_\_  
2. Student's Name \_\_\_\_\_ M/F Grade \_\_\_\_\_ Birthday \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Father's Name \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Student's Physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Student's Name 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Health Concern / Allergy \_\_\_\_\_ Symptoms \_\_\_\_\_  
What should be done? \_\_\_\_\_

This information will be released to The Broward County Crime Commission faculty and staff as needed. No medication, including over-the-counter medications, will be given by clinic personnel unless a Broward County Crime Commission Medication/Treatment form signed by both the physician and parent is on file in the clinic. Any medication to be given must be noted on the form. Current Broward County Crime Commission students should have this form on file. **IN CASE OF EMERGENCY**, in whose care may we release the child if parent(s) cannot be located?

Name 1. \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Person(s) not permitted to remove child:  
\_\_\_\_\_  
\_\_\_\_\_

**MANDATORY PASSWORD** \_\_\_\_\_

Your password will be used when The Broward County Crime Commission needs to verify parent or visitor's identity.

Emergency Release Form In the event a medical emergency arises during the time that a child is under the supervision of the staff of The Broward County Crime Commission every attempt will be made to contact the parent/guardian of the child or other authorized person immediately. In the event that a parent/guardian or other authorized person cannot be located, the form below will serve as authorization for a member of The Broward County Crime Commission Staff to seek the necessary medical attention for the child. I \_\_\_\_\_, hereby authorize a Broward County Crime Commission Staff Member to authorize medical care for \_\_\_\_\_, and/or \_\_\_\_\_ should the need arise, under the supervision and on the advice of a physician licensed to practice medicine in the State of Florida.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_