

Buckingham Browne & Nichols Summer Camp Employee Medical Emergency Information

For the safety of our employees, BB&N Summer Camp requires that all employees have the following information on file. **In order to ensure the quickest receipt of this document, please return to:**

*BB&N Summer Camp, Attn: Summer Camp Director, Buckingham Browne & Nichols School,
80 Gerry's Landing Road, Cambridge, MA 02138.
Phone: 617-800-2195 Fax: 617-492-0102*

Employee: _____

First Name	Middle	Last	Birth date	Grade
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Address _____

Number and Street	City	State	Zip
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Guardian #1: _____

For employees under 18yo	First Name	Last Name	Relationship	Home Phone	Cell Phone
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Guardian #2: _____

For employees under 18yo	First Name	Last Name	Relationship	Home Phone	Cell Phone
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Additional Name(s) of persons to be contacted in case of emergency:

First Name	Last Name	Relationship	Home Phone	Business/Cell Phone
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First Name	Last Name	Relationship	Home Phone	Business/Cell Phone
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Authorization for Treatment

Please read, complete & sign the following: *I understand that in the event of a medical emergency, all reasonable efforts will be made by BB&N personnel to contact an employee's parent/guardian or designee. When such communication shall fail, or when delay would endanger the life of the employee, I authorize appropriate personnel of BB&N to administer and/or secure emergency treatment for the employee, including hospitalizations. I also grant permission for medical information relevant to the employee's health and safety to be released on a need-to-know basis.*

Health Insurance: _____ Policy Number: _____

Physician's Name: _____ Physician's Phone: _____

Dentist's Name: _____ Dentist's Phone: _____

Medical Problems: _____

Allergies: _____

Current Medications: _____

Date of last physical exam: _____ Date of last tetanus shot: _____

Signature of Parent/Guardian _____

Date _____

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