BCSS MEDICAL FRAGILE

Name: _____

Date: _____

Medical Condition: _____Birthdate: _____

Mother:_____ Work#: _____ Home#: _____ Cell#: _____

Father:_____ Work#:_____ Home#: _____Cell#: _____

Other Contact: _____ Phone#:_____

Doctor: _____Phone#: _____

Medical Insurance (Optional):_____ _____

Child Specific Emergencies:

If you see this:	Do this:

Parent's Signature:_____ Date:_____

Bartow County Personnel	Position	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____