

# BOSTON A<sup>+</sup> BILITY CENTER

MAKING FUN AND FUNCTION GO HAND IN HAND

## Medical Emergency Form

Child's Name \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

My insurance provider is \_\_\_\_\_

Preferred hospital/treatment center \_\_\_\_\_

My child is taking the following medications

\_\_\_\_\_

My child has the following allergies

\_\_\_\_\_

I understand the Boston Ability Center will contact 911 in case of a medical emergency. I assume all financial responsibility in case of a medical emergency, medical injury including transportation.

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Date

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