



Emergency Contact and Medical Information

Child's Name _____		Date of Birth _____	M _____	F _____
Parent's/Guardian's Name _____		Parent's/Guardian's Name _____		
Home Phone _____	Work Phone _____	Home Phone _____	Work Phone _____	
Address _____	Cell-Phone _____	Address _____	Cell-Phone _____	
City, ZIP Code _____		City, ST, ZIP Code _____		
		e-mail _____		

Alternative Emergency Contacts

Primary Emergency Contact (Relationship) _____		Secondary Emergency Contact (Relationship) _____	
Home Phone _____	Work Phone _____	Home Phone _____	Work Phone _____

Medical Information

Hospital/Clinic Preference _____

Physician's Name _____

Insurance Company _____ Policy Number _____

Allergies/Special Health Considerations _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____