

Emergency Contact and Medical Information for a Child

| | | |
|---|---|----------------------------|
| <hr/> Child's Name | <hr/> Date of Birth | M F Sex |
| <hr/> Parent's/Guardian's Name | <hr/> Parent's/Guardian's Name | |
| () () | () () | |
| <hr/> Home Phone Work Phone | <hr/> Home Phone Work Phone | |
| <hr/> Address | <hr/> Address | |
| <hr/> City, ST ZIP Code | <hr/> City, ST ZIP Code | |

Alternative Emergency Contacts

| | |
|---|---|
| <hr/> Primary Emergency Contact | <hr/> Secondary Emergency Contact |
| () () | () () |
| <hr/> Home Phone Work Phone | <hr/> Home Phone Work Phone |
| <hr/> Address | <hr/> Address |
| <hr/> City, ST ZIP Code | <hr/> City, ST ZIP Code |

Medical Information

Hospital/Clinic Preference

| | |
|--------------------------------|----------------------------|
| <hr/> Physician's Name | <hr/> Phone Number |
| <hr/> Insurance Company | <hr/> 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.

| | |
|--|-------------------|
| <hr/> Parent's/Guardian's Signature | <hr/> Date |
| <hr/> Director's Signature | <hr/> Date |