

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	<hr/> Work Phone	<hr/> Home Phone	<hr/> Work Phone	
<hr/> Address	<hr/> Address			
<hr/> City, ST ZIP Code	<hr/> City, State, ZIP Code			

Alternative Emergency Contacts

<hr/> Primary Emergency Contact	<hr/> Secondary Emergency Contact
()	()
<hr/> Home Phone	<hr/> Work Phone
<hr/> Home Phone	<hr/> Work Phone
<hr/> Address	<hr/> Address
<hr/> City, State, Zip Code	<hr/> City, State, 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