

Emergency Contact and Medical Information for a Child

Child's Name _____ Date of Birth _____

Parent's/Guardian's Name _____ Parent's/Guardian's Name _____

Home Phone _____ Work Phone _____ Home Phone _____ Work Phone _____

Address _____ Address _____

City, ST ZIP Code _____ City, ST ZIP Code _____

Alternative Emergency Contacts/ Authorized Person to Pick – Up Child

Primary Emergency Contact (Other than Parent) _____ Primary Emergency Contact (Other than Parent) _____

Home Phone _____ Work Phone _____ Home Phone _____ Work Phone _____

Address _____ Address _____

City, ST ZIP Code _____ City, ST ZIP Code _____

Medical Information

Hospital / Clinic Preference _____

Physician's Name _____ Phone Number _____

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 _____ Date _____

School Signature (Witness) _____ Date _____