

## Emergency Contact/Medical Information

Child's Name	Date of Birth	M	F
Parent's/Guardian's Name	Parent's/Guardian's Name	Sex	
Parent's Employer and Work Hours	Parent's Employer and Work Hours		
( ) ( )	( ) ( )		
Home Phone	Work Phone	Home Phone	Work Phone
( ) ( )	( ) ( )	( ) ( )	( ) ( )
Mobile Phone	Mobile Phone		
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

## Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
( ) ( )	( ) ( )
Home Phone	Work Phone
Home Phone	Work Phone
( ) ( )	( ) ( )
Mobile Phone	Mobile 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

Witness Signature

Date

