

Emergency Contact and Medical Information for a Child

Child's Name _____		Date of Birth _____	M	F
			Sex	
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

Primary Emergency Contact _____		Secondary Emergency Contact _____	
() _____	() _____	() _____	() _____
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 _____
-------------------------------------	------------

I give permission for my child to go on field trips. I release [Organization] and individuals from liability in case of accident during activities related to [Organization], as long as normal safety procedures have been taken.

Parent's/Guardian's Signature _____	Date _____
Witness Signature _____	Date _____