

**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		

**Alternate 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/Client Reference

_____ Physician's Name	_____ Phone Number
_____ Insurance Company	_____ Policy Number

Allergies/Special Health Conditions

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 only applies in the event that neither parent/guardian can be reached in the case of an emergency.

\_\_\_\_\_  
Parent's/Guardian's Signature

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

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