

Emergency Contact and Medical Information for a Child

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|--------------------------------|------------|--------------------------------|------------|---|
| 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 _____ |