

**Emergency Contact and Medical Information for a Child**

<hr/> <p>Child's Name</p>	<hr/> <p>Date of Birth</p>	M	F
		Sex	
<hr/> <p>Parent's/Guardian's Name</p>	<hr/> <p>Parent's/Guardian's Name</p>		
( )	( )	( )	( )
<hr/> <p>Home Phone</p>	<hr/> <p>Cell Phone</p>	<hr/> <p>Home Phone</p>	<hr/> <p>Cell Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>		
<hr/> <p>City, ST ZIP Code</p>	<hr/> <p>City, ST ZIP Code</p>		

**Alternative Emergency Contacts**

<hr/> <p>Primary Emergency Contact</p>	<hr/> <p>Secondary Emergency Contact</p>		
( )	( )		
<hr/> <p>Home Phone</p>	<hr/> <p>Cell Phone</p>	<hr/> <p>Home Phone</p>	<hr/> <p>Cell Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>		
<hr/> <p>City, ST ZIP Code</p>	<hr/> <p>City, ST ZIP Code</p>		

**Medical Information**

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Hospital/Clinic Preference

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<hr/> <p>Physician's Name</p>	<hr/> <p>Phone Number</p>
<hr/> <p>Insurance Company</p>	<hr/> <p>Policy Number</p>

Allergies/Special Health Considerations **\*please provide a daily snack for your child if they have a food allergy.**

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 signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email address: \_\_\_\_\_