

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>Work Phone</p> | <hr/> <p>Home Phone</p> | <hr/> <p>Work 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>Work Phone</p> | <hr/> <p>Home Phone</p> | <hr/> <p>Work 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

Hospital/Clinic Preference

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

Important Medical History

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.

| | |
|--|-------------------|
| <hr/> <p>Parent's/Guardian's Signature</p> | <hr/> <p>Date</p> |
| <hr/> <p>Parent's/Guardian's Signature</p> | <hr/> <p>Date</p> |
| <hr/> <p>Witness Signature</p> | <hr/> <p>Date</p> |