



### EMERGENCY CONTACT AND MEDICAL INFORMATION FOR A CHILD

Child's Name

Date of Birth

Parent/Guardian Name

Parent/Guardian Name

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, State, Zip

City, State, Zip

### ALTERNATIVE EMERGENCY CONTACTS

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, State, Zip

City, State, Zip

### MEDICAL INFORMATION

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Provider

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 in the even that neither parent/guardian can be reached in the case of an emergency.**

Parent/Guardian Signature

Date