

Emergency Medical & Contact Information

_____	____/____/____	M F
(Child's Name)	(DOB)	(Sex)
_____		_____
(Parent/Guardian)		(Parent/Guardian)
_____		_____
(Address)		(Address)
_____		_____
(City, State, Zip)		(City, State, Zip)
_____	_____	_____
(Home #)	(Work#)	(Home #) (Work#)

Alternate Contact Information

_____	_____
(Primary Emergency Contact)	(Secondary Emergency Contact)
_____	_____
(Address)	(Address)
_____	_____
(City, State, Zip)	(City, State, Zip)
_____	_____
(Home #)	(Work#)

Medical Information

(Hospital Preference, Address, Phone)	

(Primary doctor, Address, Phone)	

(Insurance Carrier)	_____
(Policy #)	

(Allergies/Special Health Conditions)	

(Prescriptions/Over the Counter Medications)	

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 case of an emergency.

Parent/Guardian Signature _____	Date _____
Witness _____	Date _____