

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>			
([])	([])	([])	([])	
Home Phone	Work/Cell Phone	Home Phone	Work/Cell Phone	
<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>
([])	([])
Home Phone	Work/Cell Phone
([])	([])
Home Phone	Work/Cell Phone
<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

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 is not present in the case of an emergency.

<hr/> <p>Parent's/Guardian's Signature</p>	<hr/> <p>Date</p>
<p>I give permission for my child to attend activities. I release _____ and individuals from liability in case of accident during activities related to _____, as long as normal safety procedures have been taken.</p>	
<hr/> <p>Parent's/Guardian's Signature</p>	<hr/> <p>Date</p>
<hr/> <p>Notary Signature</p>	<hr/> <p>Date</p>

