

Emergency Contact and Medical Information for a Child

| | | | |
|--------------------------|--------------------------|-------------------|------------|
| Child's Name | Date of Birth | M | F |
| | | Sex | |
| Parent's/Guardian's Name | Parent's/Guardian's Name | | |
| Home Phone | Work Phone | Home Phone | Work Phone |
| Address | | Address | |
| City, ST ZIP Code | | City, ST ZIP Code | |

Alternative Emergency Contacts

| | | | |
|---------------------------|-----------------------------|-------------------|------------|
| Primary Emergency Contact | Secondary Emergency Contact | | |
| Home Phone | Work Phone | Home Phone | Work Phone |
| Address | | Address | |
| City, ST ZIP Code | | City, ST ZIP Code | |

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 can be reached in the case of an emergency.

Parent's/Guardian's Signature _____ Date _____

I give permission for my child to go on field trips. I release [Organization] and individuals from liability in case of accident during activities related to [Organization], as long as normal safety procedures have been taken.

Parent's/Guardian's Signature _____ Date _____

Witness Signature _____ Date _____