

Emergency Contact/Medical Information	
Child's Name	Date of Birth
Parent's/Guardian's Name	Parent's/Guardian's Name
Employer and Work Hours	Employer and Work Hours
Home Phone	Work Phone
Home Phone	Work Phone
Address	Address
City, St, Zip	City, St, Zip

Alternative Emergency Contacts	
Name	Name
Home Phone	Work Phone
Home Phone	Work Phone
Address	Address
City, St, Zip	City, St, Zip

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

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_