

## Emergency Medical & Contact Information

_____	____/____/____	<b>M</b>	<b>F</b>
(Child's Name)	(DOB)		(Sex)
_____	_____		
(Parent/Guardian Name)	(Parent/Guardian Name)		
_____	_____		
(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 #)	(Home #) (Work #)

## Medical Information

\_\_\_\_\_  
(Hospital Preference, Address, and Phone)

\_\_\_\_\_  
(Primary Doctor, Address, and 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 the case of an emergency.

\_\_\_\_\_ (Parent/Guardian Signature) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Witness) \_\_\_\_\_ (Date)