

## 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	(      ) Home Phone
(      ) Work Phone	(      ) Work Phone
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 \_\_\_\_\_