



### Emergency Contact and Medical Information for a Child

_____		_____		M	F
Child's Name		Date of Birth		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			

### Alternate 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/Client Reference

\_\_\_\_\_

Physician's Name	Phone Number
_____	_____
Insurance Company	Policy Number
_____	_____

\_\_\_\_\_

Allergies/Special Health Conditions

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's/Guardian's Signature

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

_____	_____
Parent's/Guardian's Signature	Date
_____	_____
Witness Signature	Date