Emergency Contact and Medical Information for a Child

Child's Name

Date of Birth

M F
Sex

Parent's/Guardian's Name

Home Phone

Work Phone

Address

City, ST ZIP Code

Parent's/Guardian's Name

Home Phone

Work Phone

Address

City, ST ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact

Home Phone

Work Phone

Address

City, ST ZIP Code

Secondary Emergency Contact

Home Phone

Work Phone

Address

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