

Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F
Parent's/Guardian's Name	Parent's/Guardian's Name	Sex	
()	()	()	()
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	Work Phone
()	()
Home Phone	Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Important Medical History/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
Parent's/Guardian's Signature	Date
Witness Signature	Date