



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- Can remove child(ren) from center.

_____ 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

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
_____ Operator's Signature	_____ Date