



Emergency Contact, Medical Information/Release

Emergency Contact and Medical Information for a Child

Child's Name

Date of Birth

Sex (M/F)

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 & Relationship

Secondary Emergency Contact & Relationship

Home/Cell Phone

Work Phone

Home/Cell 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 (Please be sure to note any food or health allergies)

Medications (prescribed or over the counter)

Medical Release

I, _____, being the parent and/or legal guardian of _____, 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