

Emergency Contact and Medical Information for a Child

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	State	Zip	City	State	Zip			

Alternative Emergency Contacts

Primary Emergency Contact			Secondary Emergency Contact					
Home Phone		Work Phone		Home Phone		Work Phone		
Address			Address					
City	State	Zip	City	State	Zip			

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

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