

Emergency & Medical Information

Child's Name _____

Date of Birth _____

Sex _____

Parent's/Guardian Name _____

Parent's/Guardian Name _____

(_____) _____
Contact Number

(_____) _____
Contact Number

Child's Home Address, City, State, Zip Code _____

Alternate Emergency Contact _____ (_____) _____
Name & Phone Number

Medical Information

Physician's Name _____

Phone Number _____

Insurance Company _____

Policy Number _____

Last Tetanus Shot _____

Blood Type _____

Last Check Up _____

Allergies Or Special Health Considerations

Bee/Wasp Stings _____

Food Allergy _____

Medication _____

List Medications: _____

Other _____

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 of 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 Signature _____

Date: _____