

Name of Child(ren) and Date of Birth

Emergency Contact Information

Primary Emergency Contact / Relation

Secondary Emergency Contact / Relation

Home Phone

Cell

Home Phone

Cell

Address

Address

City

State

Zip

City

State

Zip

Medical Information

Hospital / Clinic References

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(ren) 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