

## Emergency Contact and Medical Information for a Child

<hr/> Child's Name	<hr/> Date of Birth	M   F Sex	
<hr/> Parent's/Guardian's Name	<hr/> Parent's/Guardian's Name		
(   ) Home Phone	(   ) Work Phone	(   ) Home Phone	(   ) Work Phone
<hr/> Address	<hr/> Address		
<hr/> City, ST ZIP Code	<hr/> City, ST ZIP Code		

### Alternative Emergency Contacts

<hr/> Primary Emergency Contact	<hr/> Secondary Emergency Contact
(   ) Home Phone	(   ) Home Phone
(   ) Work Phone	(   ) Work Phone
<hr/> Address	<hr/> Address
<hr/> City, ST ZIP Code	<hr/> City, ST ZIP Code

### Medical Information

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Hospital/Clinic Preference

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Physician's Name	Phone Number
Insurance Company	Policy Number

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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 even that neither parent/guardian can be reached in the case of an emergency.

<hr/> Parent's/Guardian's Signature	<hr/> Date
<p>I give permission for my child to go on field trips. I release [Organization] and individuals from liability in case off accident during activities related to [Organization], as long as normal safety procedures have been taken.</p>	
<hr/> Parent's/Guardian's Signature	<hr/> Date
<hr/> Witness Signature	<hr/> Date