



### Emergency Contact and Medical Information for a Child

_____ Child's Name		_____ Date of Birth	M   F Sex
_____ 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		_____ Secondary Emergency Contact	
(   ) Home Phone	(   ) Work Phone	(   ) Home 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

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
_____ Witness Signature	_____ Date