

Emergency Contact and Medical Information

_____		_____		M	F
Child's Name		Date of Birth		Sex	
_____		_____			
Parent's/Guardian's Name		Parent's/Guardian's Name			
_____	_____	_____	_____		
Phone #1	Phone #2	Phone #1	Phone #2		
_____		_____			
_____		_____			

Alternative Emergency Contact

_____		_____	
Emergency Contact		Relationship to Child	
_____	_____	_____	_____
Phone #1		Phone #2	
_____		_____	
_____		_____	

Medical Information

Food allergies and/or medical information we should be aware of

Physician's Name	Phone Number
_____	_____

I authorize all medical and surgical treatment, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child in case of emergency. **This waiver applies only in the event that the parent/guardian can be reached in the case of an emergency.**

Parent's/Guardian's Signature

Date