

Emergency Contact and Medical Information for use July 10-23, 2016

_____		_____		M F
Child's Name		Date of Birth		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

Medical Information

_____		_____	
Child's Physician's Name		Phone Number	
_____		_____	
Insurance Company		Policy Number	
_____		_____	
Policy Holder's name		Policy Holder's date of birth	

Allergies/Special Health Considerations: List medications and/or pre-existing conditions (use back of form if necessary)
***All attendees that require epi-pens must bring 3-4 clearly labeled with their name.**

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