

Emergency Contact and Medical Information for use July 9-22,2017

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

Alternative Emergency Contacts

<hr/> <p>Primary Emergency Contact</p>	<hr/> <p>Secondary Emergency Contact</p>		
<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>	<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>

Medical Information

<hr/> <p>Child's Physician's Name</p>	<hr/> <p>Phone Number</p>
<hr/> <p>Insurance Company</p>	<hr/> <p>Policy Number</p>
<hr/> <p>Policy Holder's name</p>	<hr/> <p>Policy Holder's date of birth</p>

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.

<hr/> <p>Parent's/Guardian's Signature</p>	<hr/> <p>Date</p>
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