

## Emergency Contact and Medical Information for a Child

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M F  
Sex

Parent's/Guardian's Name _____ SSN _____ ( ) _____ ( ) _____	Parent's/Guardian's Name _____ SSN _____ ( ) _____ ( ) _____
Home Phone _____ Work Phone _____ ( ) _____	Home Phone _____ Work Phone _____ ( ) _____
Cell/Alt. Phone _____ Work Days and Hours _____	Cell/Alt. Phone _____ Work Days and Hours _____

Address \_\_\_\_\_ Address \_\_\_\_\_  
City, ST ZIP Code \_\_\_\_\_ City, ST ZIP Code \_\_\_\_\_  
Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Does the child reside at this address? yes  no  Does the child reside at this address? yes  no

### Alternative Emergency Contacts

Primary Emergency Contact ( ) _____ ( ) _____ Home Phone _____ Work Phone _____	Secondary Emergency Contact ( ) _____ ( ) _____ Home Phone _____ Work Phone _____
Address _____	Address _____
City, ST ZIP Code _____	City, ST ZIP Code _____
Is this person authorized to pick up the child? <input type="checkbox"/> <input type="checkbox"/> yes no	Is this person authorized to pick up the child? <input type="checkbox"/> <input type="checkbox"/> yes no

### Others Authorized to Pick up the Child

1. Name: _____ Relationship: _____ Phone#: ( ) _____
2. Name: _____ Relationship: _____ Phone#: ( ) _____
3. Name: _____ Relationship: _____ Phone#: ( ) _____

### Medical Information

Physician's Name/Clinic or Hospital Name and Phone Number \_\_\_\_\_ ( ) \_\_\_\_\_  
Address to Hospital or Clinic \_\_\_\_\_

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. I also authorize for the Director or duly appointed representative to transport my child for said emergency medical treatment if necessary. 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 \_\_\_\_\_

**Please list any other information you would like for us to know**

Date went on waiting list: \_\_\_\_\_ Date enrolled: \_\_\_\_\_ Date withdrawn: \_\_\_\_\_