



## Emergency Contact and Medical Information for 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 \_\_\_\_\_

**Non-Consent Plan**  
I do NOT give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

Parent or legal guardian will remain on site at all times

In the event of an emergency, I wish the following procedure to take place:

Signature \_\_\_\_\_ Date \_\_\_\_\_