

| Emergency Contact and Medical Information | | | | 2018-2019 |
|--|--|--|--|-----------------------------|
| | | | | M F |
| Child's Name | Date of Birth | | | Sex |
| () () | () () | | | |
| Home Phone Work Phone | Home Phone Work Phone | | | |
| () | () | | | |
| Cell Phone | Cell Phone | | | |
| Address | | | | |
| City, State, ZIP Code | | | | |
| Alternative Emergency Contacts | | | | |
| Primary Emergency Contact | | | | Secondary Emergency Contact |
| () () | () () | | | |
| Home Phone Work Phone | Home Phone Work Phone | | | |
| () | () | | | |
| Cell Phone | Cell Phone | | | |
| Address | | | | |
| City, ST ZIP Code | | | | |
| Medical Information | | | | |
| Hospital/Clinic Preference | | | | |
| | | | | |

| | | |
|--|--|---------------|
| Physician's Name | | Phone Number |
| | | |
| Insurance Company | | Policy Number |
| Allergies/Special Health Considerations | | |
| <p>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.</p> | | |
| | | |
| Parent's/Guardian's Signature | | Date |
| <p>I give permission for my child to go on field trips. I release [Organization] and individuals from liability in case of accident during activities related to [Organization], as long as normal safety procedures have been taken.</p> | | |
| | | |
| Parent's/Guardian's Signature | | Date |
| | | |
| Witness Signature | | Date |