

Emergency Contact and Medical Information				2020-2021`
				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				
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				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		
<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