

### Emergency Contact and Medical Information for a 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 _____ |
|-------------------------------------|------------|

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.

|                                     |            |
|-------------------------------------|------------|
| Parent's/Guardian's Signature _____ | Date _____ |
|-------------------------------------|------------|

|                         |            |
|-------------------------|------------|
| Witness Signature _____ | Date _____ |
|-------------------------|------------|