

Emergency Contact and Medical Information Form

Child's Name	Date of Birth	M OR F Gender
Parent/Guardian Name	Parent/Guardian Name	
P:Home P:Work P:Cell	P:Home P:Work P:Cell	
Email	Email	
Address	Address	
City, State Zip Code	City, State Zip Code	

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
P:Home P:Work P:Cell	P:Home P:Work P:Cell
Address	Address
City, State Zip Code	City, State Zip Code

Medical Information

Hospital/Clinic Preference	
Physician's Name	Office Number
Insurance Company	Policy/Subscriber Number
Allergies/Special Health Concerns	

I authorize all medical and surgical treatment, x-ray, laboratory, 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 nor guardian can be reached in case of an emergency.

Parent/Guardian Signature	Date
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