

Emergency Contact Information

Child's Name: _____

Date of Birth: __/__/__

Home Address: _____
Street City State Zip Code

Parent/Guardian #1: _____
Name Phone #1 Phone #2 Other

Parent/Guardian #2: _____
Name Phone #1 Phone #2 Other

EMERGENCY CONTACTS

(To whom the child may be released if the parent/guardian is unavailable)

Name #1 _____ Relationship: _____

Address Phone #1 Phone #2 Other

Name #2 _____ Relationship: _____

Address Phone #1 Phone #2 Other

CHILD'S USUAL SOURCE OF MEDICAL CARE

Physician's Name: _____ Phone #: (____) _____

Address: _____
Street City State Zip Code

Dentist's Name: _____ Phone #: (____) _____

Address: _____
Street City State Zip Code

Hospital Name: _____ Phone #: (____) _____

Address: _____
Street City State Zip Code

Child's Health Insurance: _____

Subscriber's Name (on insurance card): _____ ID # _____

Specific instructions of special conditions, disabilities: _____

Allergies: _____

As a parent/legal guardian, I give consent to _____ (program name) to administer to my child emergency first aid by the program staff. I understand that if necessary, 911 will be called and my child may be transported to receive emergency care. I understand that I will be responsible for all emergency transportation and any charges not covered by insurance. I give consent for the emergency contact persons listed above to act on my behalf until I am available. I agree to update this information whenever a change occurs.

Parent/Guardian Signature #1: _____ Date: __/__/__

Parent/Guardian Signature #2: _____ Date: __/__/__