

Medical Information (allergies to medications, foods, other substances, etc.):

Hospital Preference: _____

Child's Doctor: _____ Phone: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency medical care in the event that neither I, my spouse, alternate contact(s), nor my child's doctor can be located immediately.

Parent's Signature: _____ Date: _____

Operator's Signature: _____ Date: _____