



Emergency Information

Child's Name: _____ Birthday: _____

Home Address: _____ Home Phone: _____

Father's Name: _____ Mother's Name: _____

Important Phone Numbers:

Father – Home: _____ Work: _____ Mobile: _____

Mother – Home: _____ Work: _____ Mobile: _____

Alternate Emergency Contact Person(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Others: _____

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 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.

Signature of Parent or Guardian: _____ Date: _____

Signature of Operator: _____ Date: _____