

EMERGENCY CONTACT INFORMATION AND CONSENT FORM

CHILD'S NAME: _____ BIRTH DATE: _____

ADDRESS: _____

PARENT/GUARDIAN 1

NAME: _____ PHONE: _____

ALTERNATE PHONES: _____

PARENT/GUARDIAN 2

NAME: _____ PHONE: _____

EMERGENCY CONTACTS (to whom child may be released if parent is unavailable)

NAME 1: _____ PHONE: _____

NAME 2: _____ PHONE: _____

NAME 3: _____ PHONE: _____

PREFERRED SOURCES OF MEDICAL CARE

PHYSICIAN'S NAME: _____

ADDRESS: _____ PHONE: _____

PREFERRED HOSPITAL: _____

AMBULANCE SERVICE: _____

CHILD'S HEALTH INSURANCE

INSURANCE PLAN: _____ ID # _____

SUBSCRIBER'S NAME ON INSURANCE CARD _____

SPECIAL CONDITIONS, DISABILITIES, ALLERGIES, OR MEDICAL EMERGENCY INFORMATION

PARENT/GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES:

AS PARENT/GUARDIAN, I CONSENT TO HAVE MY CHILD RECEIVE FIRST AID BY FACILITY STAFF OR VOLUNTEERS AND, IF NECESSARY, BE TRANSPORTED TO RECEIVE EMERGENCY CARE. I WILL BE RESPONSIBLE FOR ALL CHARGES NOT COVERED BY INSURANCE. I CONSENT FOR THE EMERGENCY CONTACT PERSON LISTED ABOVE TO ACT ON MY BEHALF UNTIL I AM AVAILABLE.

PARENT/GUADIAN SIGNATURE: _____ DATE: _____

