## 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	e released if parent is unavailable)
NAME 1:	PHONE:
	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
2 S. AS	
PARENT/GUARDIAN CONSENT A	AND AGREEMENT FOR EMERGENCIES:
AS PARENT/GUARDIAN, I CONSENT TO	O HAVE MY CHILD RECEIVE FIRST AID BY FACILITY
STAFF OR VOLUNTEERS AND, IF NEC	ESSARY, BE TRANSPORTED TO RECEIVE EMERGEN
CARE. I WILL BE RESPONSIBLE FOR A	LL CHARGES NOT COVERED BY INSURANCE.

I CONSENT FOR THE EMERGENCY CONTACT PERSON LISTED ABOVE TO ACT ON MY BEHALF UNTIL I AM AVAILABLE.

<b>PARENT/GUADIAN SIGNATURE:</b>	DATE:	

## Getting to know you!

- My child's name is \_\_\_\_\_\_.
- They liked to be called \_\_\_\_\_\_.
- My child lives with:
- Some things my child loves are:
- Some things my child really does not love are:
- When my child is struggling, some things that help are:
- When my child is struggling, some things that do not help are:
- What else do you want us to know about your child?