

MEDICAL INFORMATON

Allergies _____

Medications _____

Blood Type _____ Insurance Carrier _____ Insurance Number _____

Doctor's Name _____ Doctor's Phone Number _____

MEDICAL RELEASE

I, _____ the legal guardian
of _____ authorize medical/
dental treatment in case of emergency.

EMERGENCY CONTACT

Name _____ Best Phone _____

Name _____ Best Phone _____

(Photo)

CHILD INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Sex _____ Height _____ Weight _____

Hair Color _____ Eye Color _____ Race _____ Birth Date _____

ADDITIONAL INFORMATION