

# emergency

information



Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

**Important Phone Numbers (check best number to contact in emergency)**

Parent/Guardian: home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_ email: \_\_\_\_\_

Parent/Guardian: home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_ email: \_\_\_\_\_

**Alternative Emergency Contact Person(s)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Others: \_\_\_\_\_



Medical Information (allergies to medication, 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 souse, alternative contact(s), nor my child's doctor can be located immediately.**

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Operator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_