

[Type text]

Emergency Contact and Medical Release Information for your Child

<div></div>	<div></div>	M F
Child's name	Date of Birth	Sex
<div></div>	<div></div>	
Parent/Guardian's Name	Parent/Guardian's Name	
<div></div>	<div></div>	
Best phone number	Best phone number	
<div></div>	<div></div>	
Address	Address	
<div></div>	<div></div>	
City, St Zip Code	City, State Zip Code	
<div></div>	<div></div>	
Email address	Email address	
<div></div>	<div></div>	
Alternative Emergency Contact	Alternative Emergency Contact	
<div></div>	<div></div>	
Best phone number	Best phone number	

[Type text]

## Emergency Contact and Medical Release Information for your Child Continued

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Child's Name

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Date of Birth

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Hospital/Clinic Preference

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Physician's Name

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Physician's Phone Number

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Insurance Company

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Insurance policy number

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Insured/Policy Holder's Name

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Insured/Policy Holder's Date of Birth

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Allergies to medications, food, and materials; please list all and other health considerations (Use the back of this paper if needed.)

I \_\_\_\_\_, the parent/guardian of the above listed child, authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

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Parent/Guardian's Signature

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Date