



Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

*Alternative Emergency Contacts

*The listed persons have permission to make medical decisions and pick-up my child in the case of an emergency when I cannot be contacted.

Primary Emergency Contact	Secondary Emergency Contact
()	()
Home Phone	Home Phone
Work Phone	Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Hospital/Clinic Preference	Date of Last Tetanus Shot (DTaP)
Physician's Name	Phone Number
Dentist's Name	Phone Number
Allergies/Special Health Considerations	

Part I: Grant Consent:

I 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.

Parent's/Guardian's Signature	Date
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Part II: Refusal to Consent

I DO NOT authorize ANY emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish school authorities to take NO action and attempt to contact me at once.

Parent's/Guardian's Signature	Date
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