

• **EMERGENCY INFORMATION** •

Child's Name: _____

Birthday: _____

Home Address: _____

Home Phone: _____

Father's Name: _____

Mother's Name: _____

Important Phone Numbers:

Father: home: _____ work: _____ mobile: _____

Mother: home: _____ work: _____ mobile: _____

Alternative Emergency Contact Person(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Others: _____

Medical information (allergies to medications, 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 an emergency medical care in the event that neither I, my spouse, alternate contact(s), nor my child's doctor can be located immediately.

Parent's Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____