



Child Name _____ Birthdate ____/____/____ Gender: Male Female

Emergency Contacts:

Guardian Name

Home Phone

Cell Phone

Work Phone

Address

City/State/ZIP

Guardian Name

Home Phone

Cell Phone

Work Phone

Address

City/State/ZIP

Alternative Emergency Contacts:

Primary Emergency Contact

Home Phone

Cell Phone

Work Phone

Address

City/State/ZIP

Second Emergency Contact

Home Phone

Cell Phone

Work Phone

Address

City/State/ZIP

Medical Information:

Hospital/Clinic Preference

Physician's Name

Insurance Company

Allergies/Special Health Considerations

Physician's Phone

Policy Number

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.

Guardian's Signature

Date

BUILDING LEADERS