



## Emergency and Medical Information

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

### Parent/Guardian Contact Information

Parent/Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Medical Information

Medical Insurance Information: \_\_\_\_\_

Allergies: \_\_\_\_\_

Food Concerns: \_\_\_\_\_

Health concerns we should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Emergency Contact

In case of emergency, when unable to reach parents, please contact:

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

Relationship to child: \_\_\_\_\_

I, the undersigned parent/guardian, authorize medical treatment for my child. I understand that all reasonable means will be used to reach me or the emergency contact listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_