

EMERGENCY CONTACT FORM

CHILD INFORMATION

Childs Name: _____ Birthday: ____ / ____ / ____

Home Address: _____

PARENT INFORMATION

Parent or Guardian #1

Name: _____

Phone Numbers: *Home* _____ *Cell* _____

Email Address: _____ Home Address: _____

Place of Employment: _____ Department: _____

Parent or Guardian #2

Name: _____

Phone Numbers: *Home* _____ *Cell* _____

Email Address: _____ Home Address: _____

Place of Employment: _____ Department: _____

EMERGENCY CONTACT NUMBERS

Contact #1

Name: _____

Phone Numbers: *Home* _____ *Cell* _____ *Work* _____

Contact #2

Name: _____

Phone Numbers: *Home* _____ *Cell* _____ *Work* _____

Contact #3

Name: _____

Phone Numbers: *Home* _____ *Cell* _____ *Work* _____

Contact #4

Name: _____

Phone Numbers: *Home* _____ *Cell* _____ *Work* _____

EMERGENCY CONTACT FORM

CHILD'S MEDICAL INFORMATION

Physician's Name: _____ Contact Number(s): _____

Address: _____

Preferred Hospital: _____ Address: _____

Preferred Dentist: _____ Address: _____

Special Conditions, Disabilities, Allergies or Medical Information for Emergency Situations:

HEALTH INSURANCE INFORMATION

Name of Insurance Company: _____

Insurance Plan: _____

Certificate Number (or ID): _____ Group Number: _____

Policyholder's Name: _____

PARENT/LEGAL GUARDIAN CONSENT AND AGREEMENT FOR AMERGENCIES

As a parent/guardian, I authorize facility staff to administer first aid to my child and to transport my child to a hospital if necessary. In the event that the charges are not covered by insurance, I will be responsible for them. [If any changes occur At least once a year], I agree to review and update this information.

Date: _____

Parent/Guardian #1 Signature: _____

Parent/Guardian #2 Signature: _____

Reviews

Review Date: _____ Review Date: _____ Review Date: _____