

# Child Emergency Contact & Medical Information Form

## Child Information

Child's Full Name

Date of Birth

Age

Home Address

## Parent/Guardian Information

Parent/Guardian 1 Name

Phone Number

Parent/Guardian 2 Name

Phone Number

## Emergency Contacts (Other than Parents/Guardians)

Contact Name

Relationship

Phone Number

Contact Name

Relationship

Phone Number

## Medical Information

Physician Name

Physician Phone

Insurance Provider

Policy #

Allergies

Medications

Medical Conditions/Special Instructions

## Authorization

By signing below, I authorize emergency medical treatment for my child if necessary.

Parent/Guardian Signature

Date