Emergency Medical & Contact Information

	(Child's Name)		(DOB)		M F (Sex)
(City, State, Zip) (Home #) (Work#) Alternate Contact Information (Primary Emergency Contact) (Address) (City, State, Zip) (City, State, Zip) (City, State, Zip) (Home #) (Work#) Medical Information (Hospital Preference, Address, Phone) (Primary doctor, Address, Phone) (Insurance Carrier) (Prescriptions/Over the Counter Medications) I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and or hospital procedure may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to inform consent of treatment. This waiver only applies in the event that neither parent/guardian can be reached in case of an emergency. Parent/Guardian Signature Date Date Date Date Date	(Parent/Guardian)			(Parent/Guardia	n)
Alternate Contact Information (Primary Emergency Contact) (Address) (City, State, Zip) (Home #) (Work#) (Mork#) (Mork#) (City, State, Zip) (Home #) (Mork#) (Mork#)	(Address)			(Address)	
Alternate Contact Information (Primary Emergency Contact) (Address) (City, State, Zip) (Home #) (Work#) (Home #) (Work#) (Home #) (Primary doctor, Address, Phone) (Insurance Carrier) (Allergies/Special Health Conditions) (Prescriptions/Over the Counter Medications) I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and or hospital procedure may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to inforn consent of treatment. This waiver only applies in the event that neither parent/guardian can be reached in case of an emergency. Parent/Guardian Signature	(City, State, Zip)			(City, State, Zip)	
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(Home #) (Work#) (Home #) (Work#) (Work#) (Home #) (Work#) (Home #) (Work#) (Home #) (Home #) (Policy #) (Insurance Carrier) (Policy #) (Allergies/Special Health Conditions) (Prescriptions/Over the Counter Medications) I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and or hospital procedure may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to inform consent of treatment. This waiver only applies in the event that neither parent/guardian can be reached in case of an emergency. Parent/Guardian Signature	(Address)			(Address)	
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(Insurance Carrier) (Policy #) (Allergies/Special Health Conditions) (Prescriptions/Over the Counter Medications) I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and or hospital procedure may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to inform consent of treatment. This waiver only applies in the event that neither parent/guardian can be reached in case of an emergency. Parent/Guardian Signature Date	(Hospital Prefere	nce, Address, Phone)			
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	may be performed or consent of treatment	r prescribed by the attendin	g physician and/or paran	nedics for my child and v	vaive my right to informed
Witness Date	Parent/Guardia	n Signature		Date	
	Witness			Date	