



Child Emergency Contact Information and Consent Form

Child's Name: _____ Birthdate: _____

Address: _____

Primary Language Spoken at Home: _____

Parent or Guardian #1: _____

Telephone: Home _____ Work _____ Cell Phone _____

Parent or Guardian #2: _____

Telephone: Home _____ Work _____ Cell Phone _____

Emergency Contacts (to whom your child may be released to when parent or guardian cannot be reached)

Name #1: _____ Relationship: _____

Telephone: Home _____ Work _____ Cell Phone _____

Name #2: _____ Relationship: _____

Telephone: Home _____ Work _____ Cell Phone _____

Child's Primary Medical Care

Physician's Name: _____ Phone #: _____

Address: _____

In case of an emergency, preferred hospital to take your child: _____

Child's Health Insurance

Name of Insurance Plan: _____

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

Policy Holder's Name: _____

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

Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.

Parent/Guardian #1 Signature: _____ Date: _____

Future Use Only (if changes need to be made, please complete new form)

Date Reviewed _____ Parent/Guardian Initials _____ Date Reviewed _____ Parent/Guardian Initials _____

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