

Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F	Sex
Parent's/Guardian's Name	Parent's/Guardian's Name			
Home Phone	Work Phone	Home Phone	Work Phone	
Address		Address		
City, ST ZIP Code		City, ST ZIP Code		

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact		
Home Phone	Work Phone	Home Phone	Work Phone

Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
Parent's/Guardian's Signature	Date
	Date

****PLEASE COMPLETE & RETURN THIS FORM TO LACI TEACHER****

