



**Emergency Contact and Medical Information Update  
2016-2017**

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	Relationship	Secondary Emergency Contact	Relationship
( )	( )	( )	( )
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

**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/Guardian Signature	Date
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