

## Emergency Contact and Medical Information for a Child

<hr/> <b>Child's Name</b>	<hr/> <b>Date of Birth</b>		M	F
			Sex	
<hr/> <b>Parent's/Guardian's Name</b>	<hr/> <b>Parent's/Guardian's Name</b>			
(    )	(    )	(    )	(    )	
<hr/> <b>Home Phone</b>	<hr/> <b>Work Phone</b>	<hr/> <b>Home Phone</b>	<hr/> <b>Work Phone</b>	
<hr/> <b>Address</b>	<hr/> <b>Address</b>			
<hr/> <b>City, ST ZIP Code</b>	<hr/> <b>City, ST ZIP Code</b>			

### Alternative Emergency Contacts

<hr/> <b>Primary Emergency Contact</b>	<hr/> <b>Secondary Emergency Contact</b>		
(    )	(    )		
<hr/> <b>Home Phone</b>	<hr/> <b>Work Phone</b>	<hr/> <b>Home Phone</b>	<hr/> <b>Work Phone</b>
<hr/> <b>Address</b>	<hr/> <b>Address</b>		
<hr/> <b>City, ST ZIP Code</b>	<hr/> <b>City, ST ZIP Code</b>		

### Medical Information

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**Hospital/Clinic Preference**

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<hr/> <b>Physician's Name</b>	<hr/> <b>Phone Number</b>
<hr/> <b>Insurance Company</b>	<hr/> <b>Policy Number</b>

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**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. I authorize Protestant Preschool & Kindergarten to provide transportation to medical facility for treatment or seek transportation by ambulance on my child's behalf. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

<hr/> <b>Parent's/Guardian's Signature</b>	<hr/> <b>Date</b>
<hr/> <b>Parent's/Guardian's Signature</b>	<hr/> <b>Date</b>