

Emergency Contact and Medical Information for a Child

Date of Birth _____		MF Sex
Child's Name _____	Parent's/Guardian's Name _____	
Parent's/Guardian's Name () ()	Home Phone _____	Work Phone _____
Home Phone _____	Work Phone _____	
Address _____		
City, ST ZIP Code _____		

Alternative Emergency Contacts

Primary Emergency Contact () ()	Secondary Emergency Contact () ()
Home Phone _____	Work Phone _____
Address _____	
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's/Guardian's Signature

Date

I release Inquisiminds LLC and individuals from liability in case of accident during activities, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Witness Signature

Date