

Emergency contact and medical information for a child

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Childs Name

Date of Birth

Sex

Parent's/Guardian's Name

Parent's/Guardian's Names

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, St, Zip Code

City, St Zip Code

Alternative Emergency Contacts

Primary Emergency Contact

Second Emergency Contact

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 if neither parent/guardian can be reached in case of an emergency.

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Parent's/Guardian's Signature

Date

I give permission for my child to go on field trips. I release **Amanda Childcare & Preschool** and individuals from liability in case of accident during activities related to **Amanda Childcare & Preschool**, if normal safety procedures have been taken.

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Parent's/Guardian's Signature

Date

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Witness Signature

Date