

Emergency contact and medical information for a child

_____		_____		M
F	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.

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.

Parent's/Guardian's Signature

Date

Witness Signature

Date