

## Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
Cell Phone	Work/Home Phone	Cell Phone	Work/Home Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

## Alternative Emergency Contacts

Primary Emergency Contact	Secondary 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/ Medications/ Special Health Considerations:

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