

# Emergency Medical Information

Name:	
Parent/Guardian Name(s):	
Daytime Phone:	
Evening Phone:	Cell:
Emergency Contact Person:	
Emergency Contact Number:	
Other Emergency Contact Person:	
Emergency Contact Number:	
Doctor's Name:	Phone:
Dentist's Name:	Phone:

Food Allergies:

Medication Allergies:

Other Allergies:

Other Important Medical Information: (i.e. diabetic, history of seizures, etc):

Other Important (non-medical) Information:

In case of Emergency where I, \_\_\_\_\_ (parent/guardian) am unavailable, I hereby grant permission for \_\_\_\_\_ (child) to be given emergency medical treatment. (This permission valid from October 1, 2006 till October 1, 2007).

\_\_\_\_\_ (signature) \_\_\_\_\_ (date)

**Please attach a copy of your child's insurance card (front and back) and updated vaccines (if available).**