

Emergency Contact and Medical Information for a Child

_____		_____		M	F
Child's Name		Date of Birth			
_____		_____			
Email address		Grade			
Parent's/Guardian's Name		Parent's/Guardian's Name			
_____		_____			
Home Phone	Work Phone	Home Phone	Work 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/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 understand that unless specifically stated in writing at the time of registration, photos of my children may be taken. I realize that our right to privacy will be protected in all photographs and publications of the VBS activities. I understand that no personal information will be released.

_____	_____
Parent's/Guardian's Signature	Date