

Emergency Medical Permit Form — Children

Child's Information

Full Name:

Date of Birth:

Home Address:

Child's Phone (if applicable):

Parent/Guardian Information

Parent/Guardian Name:

Phone Number:

Email Address:

Alternate Emergency Contact Name & Number:

Medical Information

Allergies:

Current Medications:

Medical Conditions/Special Needs:

Primary Physician Name & Phone:

Insurance Provider & Policy Number:

Consent for Emergency Medical Treatment

I, the undersigned parent or legal guardian of the child named above, hereby authorize qualified medical personnel to provide emergency medical treatment and/or hospitalization for my child as deemed necessary. I assume all responsibility for payment of any such treatment.

Parent/Guardian Signature:

Date: