

MEDICAL INFORMATION

The following information is necessary in case we need to seek emergency treatment for your child. It will be kept confidential to be used only in case of emergency.

If you cannot be reached in case of an emergency, whom should we call?

Name _____ Relationship _____

Phone _____

Hospital Preference _____

Physician _____ Phone _____

For each child, please answer the following:

Child	List any allergies (food or medical)	List medications taken	Any other medical concerns
1.			
2.			
3.			

I understand every attempt will be made to reach me, but if the severity of the injury indicates the necessity, the emergency response system will be called. I authorize emergency treatment to be administered.

Signed _____ Date _____