

## Emergency Contact and Medical Information for a Child

Child's Name

Date of Birth

Parent's/Guardian's Name

Parent's/Guardian's Name

Cell or Home Phone

Work or Cell Phone

Cell or Home Phone

Work or Cell Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

## Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Cell or Home Phone

Work Phone

Cell or Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

## Medical Information

Hospital/Clinic Preference

Physician's Name

Secondary Physician or Pediatrician

Insurance Company

Ambulatory Service (Yes or No)

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 give permission for my child to attend Bearden Middle School Dance Team performances, appearances and competitions. I release Bearden Middle School and individuals from liability in case of accident during activities related to Bearden Middle School Dance Team, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Witness Signature

Date