



Emergency Contact and Medical Information

| | | | | | |
|-----------------------------|------------|-----------------------------|------------|-----|---|
| _____ | | _____ | | M | F |
| Child's Name | | Date of Birth | | Sex | |
| _____ | | _____ | | | |
| Parent's/Guardian's Name | | Parent's/Guardian's Name | | | |
| () _____ | () _____ | () _____ | () _____ | | |
| Home Phone | Work Phone | Home Phone | Work Phone | | |
| _____ | | _____ | | | |
| Address | | Address | | | |
| _____ | | _____ | | | |
| City, Province, Postal Code | | City, Province, Postal Code | | | |

Alternative Emergency Contacts

| | | | |
|-----------------------------|------------|-----------------------------|------------|
| _____ | | _____ | |
| Primary Emergency Contact | | Secondary Emergency Contact | |
| () _____ | () _____ | () _____ | () _____ |
| Home Phone | Work Phone | Home Phone | Work Phone |
| _____ | | _____ | |
| Address | | Address | |
| _____ | | _____ | |
| City, Province, Postal Code | | City, Province, Postal Code | |

Medical Information

| | |
|---|--------------|
| _____ | |
| Health Card Number | |
| _____ | |
| Physician's Name | Phone 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

Director Initials _____ Date _____