

Minor Child Emergency Treatment Information

Please print all information below

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Person to contact in case of emergency: _____

His/Her phone number: _____

Alternate contact: _____

Alternate Phone Number: _____

Your Insurance carrier: _____

Insurance ID Number: _____

List of current medication: _____

Last Antibiotic taken: _____ Date: _____

Last Tetanus shot date: _____

Other pertinent information (allergies to medications, etc): _____

I _____ give my permission for emergency medical care of my child
Parent/guardian name (First & Last)

Child's name (First & Last)

Parent/Guardian Signature

Date