

## EMERGENCY CONTACT AND MEDICAL INFORMATION

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Sex:** M F

**Parent's/Guardian's Name:**

**Second Parent's/Guardian's Name:**

Home Phone:

Home Phone:

Work Phone:

Work Phone:

Physical Address:

Physical Address:

### ALTERNATIVE EMERGENCY CONTACTS

**Primary Emergency Contact:**

**Secondary Emergency Contact:**

Home Phone:

Home Phone:

Work Phone:

Work Phone:

Physical Address:

Physical Address:

### MEDICAL INFORMATION

**Hospital/Clinic Preference:**

**Insurance Company:**

Physician's Name:

**Policy Number:**

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:** \_\_\_\_\_

*I give permission for my child to go on field trips. I release Owl House and individuals from liability in case of accident during activities related to Owl House, as long as normal safety procedures have been taken.*

**Parent's/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_