

Emergency Medical Consent Form

Parent/Guardian Name:

Child's Name:

Child's Date of Birth:

Home Address:

Emergency Contact Name:

Emergency Contact Phone:

Primary Physician:

Physician Phone:

Known Allergies:

Current Medications:

Health Insurance Provider:

Policy Number:

I hereby authorize emergency medical treatment for my child in the event that I cannot be reached.

Parent/Guardian Signature:

Date:

Submit