

Seeds of Grace Preschool

Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F
		Sex	
Mother's/Guardian's Name	Father's/Guardian's Name		
Home/Cell Phone	Work Phone	Home/Cell Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Alternative Emergency Contacts (if both of the above cannot be reached)

Primary Emergency Contact	Secondary Emergency Contact
Home/Cell Phone	Home/Cell Phone
Work Phone	Work Phone
Address	
Address	
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Allergies/Special Health Considerations

Medications

Physician's Name

Phone Number

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