

**Emergency and Medical Information
Summer 2010**

Child's Name _____

Allergies to drugs, food, or insects _____

Last tetanus booster _____ Child wears glasses or contacts _____

List any medications he/she takes regularly _____

Restrictions on physical activity _____

Contact Information

Mother/Guardian: _____

Home: (____) _____ Work(____) _____ Cell(____) _____

Father/Guardian: _____

Home: (____) _____ Work(____) _____ Cell(____) _____

Individuals authorized to transport my child at any time: _____

Your child will not be released under any circumstances to a person not listed above.

Doctor's Name _____

Address _____

Phone Number (____) _____

You have our permission to take whatever steps you deem appropriate to obtain medical care for our child in the event of illness, accident, or injury. In this connection, we understand that you will attempt to contact us and that, if you cannot contact us, you will call the child's doctor, or if he/she is not available, another doctor, call an ambulance, or have our child taken to a hospital in the company of a staff member, as you deem appropriate. We agree to be responsible for any expenses incurred in obtaining such medical care, and we hereby release you from all liability in connection with your actions pursuant to this authorization.

Date _____ Parent/Guardian Signature _____