



Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Guardian 1 Name _____ Relationship _____

Cell Number _____ Work Number _____

Guardian 2 Name _____ Relationship _____

Cell Number _____ Work Number _____

Person to notify in an emergency when guardians listed above cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

This center uses the following medical facility:

Child's Allergies _____

Current Prescribed Medication _____

Child's Special Needs & Conditions _____

In the event of an emergency involving my child, and if (name of center your child attends) _____ cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Parent/Guardian Signature _____

Witnessed By _____ Date _____