

EMERGENCY INFORMATION SHEET

CHILD'S NAME: _____

BIRTH DATE: _____

ADDRESS: _____

PARENT OR GUARDIAN: _____

PHONE NUMBERS:

	MOTHER	FATHER
HOME PHONE		
WORK PHONE		
CELL PHONE		

ALTERNATE PERSON TO CONTACT IN EMERGENCY

NAME: _____

HOME PHONE: _____

CELL PHONE: _____

DOCTOR: _____

PHONE: _____

HOSPITAL PREFERENCE: _____

ALLERGIES/SPECIAL HEALTH CONSIDERATIONS:

AUTHORIZATION:

IN THE EVENT OF A SERIOUS MEDICAL EMERGENCY OR ACCIDENT, ON CLUB PREMISES OR ON A CLUB SPONSORED EVENT, I AUTHORIZE CLUB PERSONNEL TO HAVE MY CHILD TREATED BY THE NEAREST AVAILABLE PHYSICIAN AND/OR MEDICAL FACILITY.

SIGNATURE: _____

DATE: _____