

## Emergency Contact and Medical Information for a Child

Child Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male/Female

Mother/Guardian Name \_\_\_\_\_ Father/Guardian Name \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip code \_\_\_\_\_ City/St/Zip-code \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Secondary Contact: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

### Medical Information:

Hospital/Clinic Preference: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies/Special Health Considerations \_\_\_\_\_

I authorize all medical and surgical treatment, x-rays, laboratory, anesthesia, and other medical and/or hospital procedures, as may be preformed or prescribed by the attending physicians and/or paramedics for my child, and waive my rights to informed

consent of treatment. This waiver applies ONLY in the event that neither parent nor guardian can be reached in case of emergency.

Parent/Guardian Signature \_\_\_\_\_ Date:

\_\_\_\_\_

I release Bukkaroo Ultimate Kids Kab from liability in case of accident during activities related to our services rendered as long as normal safety procedures have been taken.

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_