

Form 3

IDENTIFICATION AND EMERGENCY FORM

Date _____

Child's name _____

Child's physician _____ Phone _____

Address _____

Child's dentist _____ Phone _____

Address _____

Parent's or guardian's name _____

Phone where you can be reached in an emergency _____

Please notify us if this changes (even temporarily)

Co-parent's name _____

Phone where this person can be reached in an emergency _____

Other people who can be called in case of emergency (Be sure to include people who will usually know where you are)

Name _____ Relationship to the child _____

Address _____

Phone number _____

Name _____ Relationship to the child _____

Address _____

Phone number _____

First Aid

In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary for my child.

Signature/date _____

Emergency Care

In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

Signature/date _____

Health Record Transfer

In the event of an emergency, I hereby authorize the transfer of my child's health record to the local hospital.

Signature/date _____