

## Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

### Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact		
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

### Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. I authorize any means of life saving intervention including blood transfusion. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. In the event that we cannot be reach or it is a immediate medical emergency and an ambulance must be called I authorize Happy House daycare to do so knowing that the cost will be on us.

Parent's/Guardian's Signature	Date
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I give permission for my child to go on field trips. I release Happy House Daycare and individuals from liability in case of accident during activities related to Happy House Daycare, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date
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Witness Signature	Date
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