

Emergency Contact and Medical Information

<hr/> <p>Child's Name (First, Last, Middle)</p>	<hr/> <p>Date of Birth</p>	M	F
		Sex	
<hr/> <p>Parent's/Guardian's Name</p>	<hr/> <p>Parent's/Guardian's Name</p>		
()	()	()	()
<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>	<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>		
<hr/> <p>City, ST, ZIP Code, Country</p>	<hr/> <p>City, ST, ZIP Code, Country</p>		

Alternative Emergency Contacts

<hr/> <p>Primary Emergency Contact</p>	<hr/> <p>Secondary Emergency Contact</p>		
<hr/> <p>Relationship to Child</p>	<hr/> <p>Relationship to Child</p>		
()	()		
<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>	<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>		
<hr/> <p>City, ST ZIP Code</p>	<hr/> <p>City, ST ZIP Code</p>		

Medical Information

Hospital/Clinic Preference

<hr/> <p>Physician's Name</p>	<hr/> <p>Phone Number</p>
<hr/> <p>Insurance Company</p>	<hr/> <p>Policy Number</p>

Allergies/ Special Health Considerations

In the event of an accident or illness, every effort will be made to contact the parent or legal guardian immediately. However, if the parent/legal guardian is not available, Educate by Heart is required to secure emergency medical care as needed.

I authorize Educate by Heart to secure emergency medical attention as they deem necessary and will contact the physician/hospital listed above **if it is possible**.

<hr/> <p>Parent's/Guardian's Signature</p>	<hr/> <p>Date</p>
<hr/> <p>Witness Signature</p>	<hr/> <p>Date</p>