

Emergency Contact and Medical Information for Your Child(ren)

M F

Child's Name

Date of Birth

M F

Child's Name

Date of Birth

Sex

Parent's/Guardian's Name

Parent's/Guardian's Name

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Home Phone

Cell Phone

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Home Phone

Cell Phone

Place of Employment

Work Phone

Place of Employment

Work Phone

City, ST ZIP Code

City, ST ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

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Home Phone

Work Phone

()

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Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I authorize any member of the Kelly's Kids staff to treat my child using First Aid/CPR if necessary. In the event that an incident is too severe for staff member of Kelly's Kids to treat my child, I authorize Kelly's Kids staff to seek treatment of my child through an outside source, including a physician, hospital, or by way of a 911 call on their behalf.

Parent's/Guardian's Signature

Date