

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. This waiver applies ONLY in the event that neither parent/guardian can be reached in the case of an emergency.

| | |
|-------------------------------|------|
| Parent's/Guardian's Signature | Date |
|-------------------------------|------|

I hereby authorize First United Methodist Church of McKinney to allow my child to leave with the following persons:

| | |
|-------------------------------|------|
| Parent's/Guardian's Signature | Date |
|-------------------------------|------|