

## Emergency Contact and Medical Information for a Child

Child's Name

Date of Birth

Sex

Parent's/Guardian's Name

Parent's/Guardian's Name

Home/Cell Phone

Work Phone

Home/Cell Phone

Work Phone

Address

Address

City, State, ZIP Code

City, State, ZIP Code

### Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Home/Cell Phone

Work Phone

Home/Cell Phone

Work Phone

Address

Address

City, State, ZIP Code

City, State, ZIP Code

### Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations or Accommodations:

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 give permission for my child to go on field trips. I release Island Trails Network and associated individuals from liability in case of accident during activities related to trail crew projects and programs, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Witness Signature

Date