

EMERGENCY CONTACT AND MEDICAL INFORMATION

E. H. Mott Learning Center

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	

Alternate Emergency Contacts

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

Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	

I do not authorize any medical and/or 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 learner. I reserve my right to be informed of any emergency involving my learner that would require any of the above procedures. I give consent to one of the above-named emergency contacts to make decisions on my behalf if I cannot do so. This consent applies **only** if neither parent/guardian can be reached in the case of an emergency.

Signature of Parent/Guardian/Legal Representative	Date
Emergency Contact EHMLC Effective 07/07/2016	