



# Emergency Medical Treatment and Transportation Form

In the event that your child is transported to a clinic or hospital, this form will be taken to provide the hospital with the following important information.

Child's Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Drug Allergies:** \_\_\_\_\_

Blood Type: \_\_\_\_\_ Health Concerns: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

## Parent #1

Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## Parent #2

Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## Emergency Contacts (Other than Parents & Physician)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child's Medical Insurance Plan: *(please provide a copy of insurance card)*

Carrier: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Identification Number: \_\_\_\_\_ Policy in Name of: \_\_\_\_\_

— THIS SECTION MUST BE NOTARIZED —

*I hereby give permission for my child \_\_\_\_\_ to be transported to Overlook Hospital, or the nearest hospital, in the event of an emergency.*

Sworn and subscribed before I this \_\_\_\_\_ day of \_\_\_\_\_.

Parents'/Guardian's Signature: \_\_\_\_\_

Notary's Signature and Seal: \_\_\_\_\_