|  |
| --- |
| **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 copy of your child’s insurance card.** |



|  |  |
| --- | --- |
| Child’s Name:  | Home Phone Number:  |
| Child’s Age: | DOB:  | Gender of Child:  Male Female | Blood Type: |
| Mailing Address:  | City: | State: | Zip:  |
| Health Concerns: | Allergies:  |
| 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: |
| Policy Number: | Policy in Name of: |

|  |
| --- |
| **— THIS SECTION MUST BE NOTARIZED —*****I hereby give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be transported to the nearest hospital, in the event of an emergency.***NOTARY SEALSworn and subscribed before me this \_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_.**Parent’s/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Notary’s Signature and Seal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |