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| **EMERGENCY MEDICAL TREATMENT AND TRANSPORTATION FORM** |
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| **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.** |



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| 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: | | |

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| PARENT #1 | |
| Name: | Place of Employment: |
| Work Phone: | Cell Phone: |

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| PARENT #2 | |
| Name: | Place of Employment: |
| Work Phone: | Cell Phone: |

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| 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: | |

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| **— 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 SEAL  Sworn and subscribed before me this \_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_.  **Parent’s/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Notary’s Signature and Seal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |