

EMERGENCY INFORMATION

Child's Name:

Address:

Date of Birth:

MOTHER:

Work:

Cell:

FATHER:

Work:

Cell:

EMERGENCY CONTACT:

Home:

Cell:

CHILD'S PEDIATRICIAN:

MEDICAL INSURANCE INFORMATION:

Subscriber:

Type of Insurance:

Member #

Group #

I, hereby give Judith Snay permission to administer First Aid and/or CPR to my child, _____, and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent's Signature

Date