



CHILD'S NAME: _____

Child's Date of Birth: _____

Gender: Male

Female

EMERGENCY CONTACTS & MEDICAL INFORMATION

Parental Contact Information

Primary Parent/Guardian's Name _____

Parent/Guardian's Name _____

Cell Phone _____

Work Phone _____

Cell Phone _____

Work Phone _____

Address _____

Address _____

City, State, Zip Code _____

City, State, Zip Code _____

Alternative Emergency Contact Information

Primary Emergency Contact Name _____

Secondary Emergency Contact Name _____

Cell Phone _____

Work Phone _____

Cell Phone _____

Work Phone _____

Address _____

Address _____

City, State, Zip Code _____

City, State, Zip Code _____

Medical Information

Preferred Hospital / Clinic _____

Physician's Name _____

Insurance Carrier Name _____

Physician's Phone Number _____

Insurance Phone Number _____

Insurance Carrier Policy Number _____

Allergic to Peanuts Yes NO

Date of last Tetanus Booster (optional, but strongly advised): _____

Please list any Allergies/Special Health Considerations child has:

Please list all ongoing Medications child is taking:

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures that may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to be informed for consent of treatment. This authorization will apply regardless of where the emergency may accrue. I also RELEASE Acorns 2 Oaks and all individuals involved with Acorns 2 Oaks either directly or indirectly from ANY liability. This wavier applies only in the event that Acorns 2 Oaks CAN NOT contact either parent/guardian or emergency contact person that I have listed above in the case of an emergency.

Parent/Guardian's Signature _____

DATE _____

Witness Signature _____

DATE _____

OFFICE USE ONLY

Signature of A2O Representative: _____ Date: _____