

# VEHICLE EMERGENCY MEDICAL INFORMATION



Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Child's Full Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

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

**Notify in an emergency if parents cannot be reached: (LOCAL CONTACTS ONLY)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Medical Facility the Center Uses \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Current Prescribed Medications \_\_\_\_\_

Child's Special Needs and Conditions \_\_\_\_\_

***In the event of an emergency involving my child and if Discovery Point cannot get in contact with me, I authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child, \_\_\_\_\_.***

Parent(s)/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner/Director Signature \_\_\_\_\_ Date \_\_\_\_\_