



## Emergency Contact Information and Medical Release

Child's Name	Date of Birth	M    F Sex
Parent's/Guardian's Name	Parent's/Guardian's Name	
(    )                      (    )	(    )                      (    )	
Cell Phone                      Work Phone	Cell Phone                      Work Phone	
(    )	(    )	
Home Phone                      Which # is best to reach you?	Home Phone                      Which # is best to reach you?	
Address	Address	
City, ST ZIP Code	City, ST ZIP Code	
<input type="checkbox"/> Custodial Parent    Driver's License#: _____	<input type="checkbox"/> Custodial Parent    Driver's License #: _____	

## Alternative Emergency Contacts (and Authorized Escorts)

Primary Emergency Contact	Secondary Emergency Contact
(    )                      (    )	(    )                      (    )
Cell Phone                      Work Phone	Cell Phone                      Work Phone
(    )	(    )
Home Phone                      Which # is best to reach you?	Home Phone                      Which # is best to reach you?
Address	Address
City, ST ZIP Code	City, ST ZIP Code

## Additional Authorized Escorts

I understand that my child/ren will only be allowed to be picked up by an adult escort named on this agreement. I agree to notify and show proof of any persons explicitly *NOT* authorized for pickup. Furthermore, I understand that I or the following escorts may be asked to show identification upon pickup. Persons eligible for Pick Up:

Name	Phone	Relation to the Child
Name	Phone	Relation to the Child
Name	Phone	Relation to the Child

## Medical Information

Hospital/Clinic Preference	Physician's Name	Phone Number
Insurance Company	Policy Number	
Allergies/Special Health Considerations		

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

I furthermore give permission to NHLTCM to transport my child using whatever means necessary during an extreme emergency or evacuation, including, but not limited to: Public Transportation, NHLTCM Team Member vehicles, and NHUMC Member vehicles.

Parent's/Guardian's Signature	Date
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