GENTRY ACADEMY

EMERGENCY CONTACT & MEDICAL INFORMATION FOR MINOR CHILD

Child Name _____ Birthdate ____/____/____ Gender: □ Male □ Female

Emergency Contacts:

_____ Guardian Name	_____ Guardian Name
_____ Email Address	_____ Email Address
_____ Cell Phone	_____ Cell Phone
_____ Work Phone	_____ Work Phone
_____ Address	_____ Address
_____ City/State/ZIP	_____ City/State/ZIP

Alternative Emergency Contacts:

_____ Primary Emergency Contact	_____ Second Emergency Contact
_____ Email Address	_____ Home Phone
_____ Cell Phone	_____ Cell Phone
_____ Work Phone	_____ Work Phone
_____ Address	_____ Address
_____ City/State/ZIP	_____ City/State/ZIP

Medical Information:

_____
Hospital/Clinic Preference

_____ Physician's Name	_____ Physician's Phone
_____ 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.

_____ Guardian's Signature	_____ Date

BUILDING LEADERS