

Christ the King: Little Kings Choir Emergency Contact and Medical Information

Child's Name	Date of Birth		M	F
		Sex		
Parent's/Guardian's Name ()	Parent's/Guardian's Name ()	Home Phone	Work Phone	Cell Phone:
Address	Address	City, ST	ZIP Code	Email:

Alternative Emergency Contacts

Primary Emergency Contact ()	Secondary Emergency Contact ()
Home Phone	Work Phone
Address	Address
City, ST	ZIP Code

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.

Parent's/Guardian's Signature

Date