

## Emergency Contact and Medical Information for a Child

<hr/> <p>Child's Name</p>	<hr/> <p>Date of Birth</p>	M	F
		Sex	
<hr/> <p>Parent's/Guardian's Name</p>	<hr/> <p>Parent's/Guardian's Name</p>		
( )	( )	( )	( )
<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>	<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>		
<hr/> <p>City, ST ZIP Code</p>	<hr/> <p>City, ST ZIP Code</p>		

### Alternative Emergency Contacts

<hr/> <p>Primary Emergency Contact</p>	<hr/> <p>Secondary Emergency Contact</p>		
( )	( )		
<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>	<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>		
<hr/> <p>City, ST ZIP Code</p>	<hr/> <p>City, ST ZIP Code</p>		

### Medical Information

---

Hospital/Clinic Preference

---

<hr/> <p>Physician's Name</p>	<hr/> <p>Phone Number</p>
<hr/> <p>Insurance Company</p>	<hr/> <p>Policy Number</p>

---

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 physician, paramedics and/or other healthcare providers for my child and waive my right to informed consent of treatment. I understand and authorize that Water's Edge may take whatever action is necessary to obtain an expeditious response including calling 911 if necessary, if a medical or other type of emergency or urgent situation occurs.

For and in consideration of Water's Edge's agreement for my child/children to attend Parent's Night Out at Water's Edge, I give permission for my child to attend Water's Edge Parent's Night Out and I agree to and do hereby fully release and discharge Water's Edge, and/or any individuals caring for my child/children at Water's Edge, from any and all liability, claims, demands, and/or causes of action of whatsoever nature, both at law and in equity, which I and/or my child/children may hold, whether known or unknown, for damages or losses of any kind or character arising from or in any way connected with my child's/children's attendance and/or supervision at Water's Edge. I also understand and agree it is my responsibility to update any and all information in this document as needed.

<hr/> <p>Parent's/Guardian's Signature</p>	<hr/> <p>Date</p>
<hr/> <p>Print Name</p>	

