



**CLUB J**

**2022-2023**

**Vehicle Emergency Medical Information**

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

Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Person to notify in an emergency and parents cannot be reached:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

**Medical facility the center uses**

\_\_\_\_\_ Address

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

Allergies \_\_\_\_\_ Current

prescribed medication \_\_\_\_\_ Child's

special needs and conditions \_\_\_\_\_ In the  
Name of Facility

**event of an emergency involving my child, and if \_\_\_\_\_**

cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name \_\_\_\_\_

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

Witness By \_\_\_\_\_ Date \_\_\_\_\_

