



CLUB J

2024-2025

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** _____

