



**CLUB J**

**2025-2026**

**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** \_\_\_\_\_

