

## Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home Phone	Cell Phone	Home Phone	Cell Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	
E-mail:		E-mail	

### Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact		
Home Phone	Cell Phone	Home Phone	Cell Phone
Address		Address	
City, ST ZIP Code		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

Participant T Shirt Size:

YS YM YL YXL AS AM AL AXL A2XL No T Shirt

Must be Registered by June 5, 2021 to receive

A T-Shirt if shirts are printed this year.