

Emergency Contact and Medical Information for a Child

_____		M__ F__
Child's Name	Date of Birth	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:	Must be Registered by June 5, 2023 to receive
YS__ YM__ YL__ YXL__ AS__ AM__ AL__ AXL__ A2XL__ No T Shirt__	A T-Shirt if shirts are printed this year.