

Emergency Information and Permission for Medical Treatment

Dallas First UMC Children's Learning Center

Medical Information and Health Concerns

Pediatrician Name _____ Address _____ Phone _____

Family Physician _____ Address _____ Phone _____

Medical Insurance Name _____ Policy No _____

Note: Child will be taken to Paulding Hospital in case of an emergency.

Does your child have any allergies to medication, food, or is your child on any medication? _____

If so, please specify _____

Does your child have any special physical limitations? _____ If so, please specify _____

Has your child ever been exposed to tuberculosis, hepatitis, AIDS, or any other contagious diseases?

_____ If so, please specify _____

Anything else you would like us to know? _____

Persons who are to be contacted in case of an emergency (If parents cannot be reached)

Name _____ Relationship to Child _____

Address _____ Phone _____

Name _____ Relationship to Child _____

Address _____ Phone _____

In the event that I cannot be reached, I give permission for my child to be treated/transported by professional medical personnel. I will assume full responsibility for all charges related to the above. I approve any necessary treatment to be administered as first aid to my child until my arrival.

Signature _____ Date _____