



Emergency Contact Form

_____	_____	M	F
Child's Name	Date of Birth	M	F
_____	_____	M	F
Child's Name	Date of Birth	M	F
_____	_____		
Child's Name	Date of Birth		
_____	_____		
Parent's/Guardian's Name	Parent's/Guardian's Name		
_____	_____		
Home Phone	Work Phone	Home Phone	Work Phone
_____	_____	_____	_____
Address	Address		
_____	_____		
City, ST ZIP Code	City, ST ZIP Code		

Alternative Emergency Contacts/ Authorized Pickup Contacts

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

Medical Information

Hospital/Clinic Preference

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

I give permission for my child to go on field trips. I release Dubuque Dream Center and individuals from liability in case of accident during activities related to Dubuque Dream Center, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date