

In Case of Emergency (ICE)

ADD PHOTO
(1½" X 1½")

Child Name

Date of Birth

M F
Gender

Medications

Height

Weight

Allergies / Special Health Considerations

Emergency Contacts

Parent / Guardian Name

()

Home Phone

()

Work Phone

Parent / Guardian Name

()

Home Phone

()

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Alternate Contacts

Primary Emergency Contact

()

Home Phone

()

Work Phone

Secondary Emergency Contact

()

Home Phone

()

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Hospital / Clinic Preference

Physician Name

Phone Number

Insurance Company

Policy Number

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 paramedic for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent and/or guardian can be reached in the case of an emergency.

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date