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| Ottawa Victory Christian Academy**2021-22**Emergency Contact and Medical Information for a Child |
|  |
|  |  |  | M | F |
| Child’s Name |  | Date of Birth (Month/Day/Year) | Sex |
|  |  |  |
| 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 |
|  |
|  |  |  |
| Primary Emergency Contact |  | Secondary Emergency Contact |
| () |  | () |  | () |  | () |
| Home Phone |  | Work Phone |  | Home Phone |  | Work Phone |
|  |  |  |
| Address |  | Address |
|  |  |  |
| City, ST ZIP Code |  | City, ST ZIP Code |
| My Child can be released to the following people: |  |  |
|  |  |  |
| 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 |
|  |