

Name of minor _____	Date of birth _____	Age _____
Allergies & Type of reaction _____		None _____
Date of last Tetanus Booster _____		
Medication child is taking & doses _____		None _____
Child's physician _____	Office number _____	
Parent's physician _____	Office number _____	
Choice of specialist _____	Office number _____	
Parents or guardian _____	Home phone _____	
Address _____		
Father's employment _____	Phone number _____	
Mother's employment _____	Phone number _____	
Authorized adult _____	Phone number _____	
Address _____		
Authorized adult _____	Phone number _____	
Address _____		

In the event of sickness or injury to above named minor, I authorize the adult(s) named above to give permission for medical treatment of non-emergency treatment. We will make reasonable attempts to contact you for treatment options. Emergency conditions will be treated immediately.

Signature of parent or guardian	Date
Name of witness	Date
Verified by hospital staff member	Date

Insurance Information, if any, or Billing Information

Name of insurance company	Policy number
Address	Group number if applicable
City	State Zip