

RRUMC Emergency Contact and Medical Information

<hr/> Child's Name	<hr/> Date of Birth	M	F
		Sex	
<hr/> Parent's/Guardian's Name	<hr/> Parent's/Guardian's Name		
<hr/> Best phone number	<hr/> Secondary phone number	<hr/> Best phone number	<hr/> Secondary phone number
<hr/> Address		<hr/> Address	
<hr/> City, ST ZIP Code		<hr/> City, ST ZIP Code	

Alternative Emergency Contacts

<hr/> Primary Emergency Contact	<hr/> Secondary Emergency Contact		
<hr/> Best phone number	<hr/> Secondary phone number	<hr/> Best phone number	<hr/> Secondary phone number
<hr/> Address		<hr/> Address	
<hr/> City, ST ZIP Code		<hr/> City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference

<hr/> Physician's Name	<hr/> Phone Number
<hr/> Insurance Company	<hr/> Policy Number

Allergies (please state severity and what the reaction will be)

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, paramedics, and/or dentist for my child and waive my right to informed consent of treatment. This authorization includes transfer to any hospital or medical facility reasonably accessible. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

<hr/> Parent's/Guardian's Signature	<hr/> Date
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It is our blessing to have your child with us here at Rocky River UMC. Any other information important for us to be aware of please note below. (Medications, special needs, etc.....)

By initialing, you are confirming that nothing on this form has changed.

Initials

Date

Initials

Date

Initials

Date