

Emergency Contact Form

Name of Minor Child (Print): _____ **Age:** _____

Date of Birth: _____

Parent / Guardian Name

(Print): _____

Address: _____ **City / State / Zip** _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email** _____

Address: _____

Other Parent / Guardian Name (Print): _____

Address: _____ **City / State /**

Zip _____

Home Phone: _____ **Cell** _____

Phone: _____

Work Phone: _____ **Email** _____

Address: _____

List any information that an emergency care giver should know about the minor (e.g., medical conditions, current medications, allergies, known adverse reactions to medications) _____

California Family Code 6910: "The parent, guardian, or caregiver of a minor who is a relative of the minor who may authorize medical care and dental care under section 6550, may authorize in writing an adult into whose care a minor has been entrusted to consent to medical care or dental care, or both, for the minor."

Emergency Contacts whom you authorize to consent medical care for your child should you be unreachable:

Name: _____ **Phone :** _____

Cell: _____

Name: _____ **Phone:** _____

Cell: _____

Parent / Guardian

Signature: _____