



628 County Route 1 Pine Island, NY 10969
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EMERGENCY INFORMATION FORM

****It is important to notify us if this information changes****

DATE _____

CHILD'S NAME				
MOTHER'S NAME	HOME PHONE	CELL PHONE	OTHER PHONE	
FATHER'S NAME	HOME PHONE	CELL PHONE	OTHER PHONE	
EMERGENCY CONTACT	RELATIONSHIP TO CHILD	HOME PHONE	CELL PHONE	OTHER PHONE
2ND EMERGENCY CONTACT	RELATIONSHIP TO CHILD	HOME PHONE	CELL PHONE	OTHER PHONE

Does your child have any allergies? If yes, please list and note severity.

Is your child under any medical care?

Is your child taking any medication?

Does your child have any heart or breathing problem we should be aware of?

As parent and/or guardian, I do herewith authorize the treatment by qualified and licensed medical doctor, of the following minor(s)
 _____, in the event of medical emergency which, in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Parent/Legal Guardian Signature _____ Date _____

Print Name _____