

## Emergency Contact and Medical Information for a Child

<hr/> <b>Child's Name</b>	<hr/> <b>Date of Birth</b>		M	F
			Sex	
<hr/> <b>Parent's/Guardian's Name</b>	<hr/> <b>Parent's/Guardian's Name</b>			
( )	( )	( )	( )	
<hr/> <b>Home Phone</b>	<hr/> <b>Work Phone</b>	<hr/> <b>Home Phone</b>	<hr/> <b>Work Phone</b>	
<hr/> <b>Address</b>	<hr/> <b>Address</b>			
<hr/> <b>City, State, ZIP Code</b>	<hr/> <b>City, State, ZIP Code</b>			

### Alternative Emergency Contacts

<hr/> <b>Primary Emergency Contact</b>	<hr/> <b>Secondary Emergency Contact</b>		
( )	( )		
<hr/> <b>Home Phone</b>	<hr/> <b>Work Phone</b>	<hr/> <b>Home Phone</b>	<hr/> <b>Work Phone</b>
<hr/> <b>Address</b>	<hr/> <b>Address</b>		
<hr/> <b>City, State, ZIP Code</b>	<hr/> <b>City, State, ZIP Code</b>		

### Medical Information

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**Hospital/Clinic Preference**

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

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**Allergies/Special Health Considerations**

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**Medications, Dosage/ Number of times per day (if during camp hours)**

The undersigned, as parent/legal guardian of \_\_\_\_\_ (the "student"), a minor, hereby authorizes the designees at Integrated Learning Institute ("ILI"), into whose care the student has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician, and/or dentist, and/or paramedics. It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to ILI to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization shall remain effective until or unless a written revocation is delivered to ILI. I waive my right to informed consent of treatment, only in the event that the undersigned parent/legal guardian cannot be reached in the case of an emergency.

I understand that ILI, its directors, officers, representatives, volunteers and employees assume no liability of any nature in relation to the transportation or medical care or treatment of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/guardian.

**Permissions (please initial)**

\_\_\_\_\_ I give permission for my child to go on field trips and participate in swimming activities.

\_\_\_\_\_ I give permission for my child to be photographed for promotional purposes.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date