

**EMERGENCY CARE CARD - WILLIAMS TOWNSHIP**

In order that we give your child the best possible care in case of injury or illness, please fill in this form in full.

Name of Participant(s): \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CELL# \_\_\_\_\_

FATHER'S EMAIL ADDRESS: \_\_\_\_\_

FATHER'S PLACE OF EMPLOYMENT: \_\_\_\_\_ WORK PH# \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ CELL# \_\_\_\_\_

MOTHER'S EMAIL ADDRESS: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ WORK PH# \_\_\_\_\_

Below are a list of people my child may be released to:

1. NAME: \_\_\_\_\_ Relative/Neighbor/Friend

ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_

2. NAME: \_\_\_\_\_ Relative/Neighbor/Friend

ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_

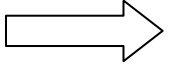
3. NAME: \_\_\_\_\_ Relative/Neighbor/Friend

ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_

4. NAME: \_\_\_\_\_ Relative/Neighbor/Friend

ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_

Turn Over



In an emergency, if it is necessary to call a physician or dentist, call:

Family Physician's Name: \_\_\_\_\_ PHONE # \_\_\_\_\_

Family Dentist's Name: \_\_\_\_\_ PHONE # \_\_\_\_\_

If you are unable to contact the above, I give permission for emergency care to be given by:

EASTON HOSPITAL                      YES                      NO                      (circle one)

In lieu of Easton Hospital, take to: \_\_\_\_\_

NAME OF MEDICATION CHILD TAKES REGULARLY:

\_\_\_\_\_

DISEASE, ILLNESS OR PHYSICAL CONDITION UNDER TREATMENT FOR:

\_\_\_\_\_

ANY ALLERGIES (i.e. Bee Sting, Food, Medication)

\_\_\_\_\_

\_\_\_\_\_

PLEASE LIST ANY MEDICAL PROBLEMS: (explain)

\_\_\_\_\_

NAME OF HEALTH INSURANCE: \_\_\_\_\_

SUBSCRIBERS NAME: \_\_\_\_\_

ID# \_\_\_\_\_ GROUP# \_\_\_\_\_

Since the care/treatment of a child is a parental responsibility, I understand that every effort will be made to contact either parent first in case our child becomes ill/injured.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE: \_\_\_\_\_

Turn Over

