

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# _____

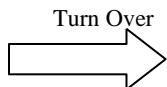
MOTHER'S NAME: _____ CELL# _____

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 # _____



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: _____

