

## 2023 WILLIAMS TOWNSHIP EMERGENCY CARE CARD

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

Name(s) of participants

Age

Home Address:

(1) Parent/Guardian name:

Guardian email:

Guardian cellular #:

Guardian work#:

(2) Parent/Guardian name:

Guardian cellular #:

Guardian work#:

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

Name:

Phone #:

Name:

Phone #:

Name:

Phone #:

If you are unable to contact the above, I give permission for emergency care to be given by:  
ST. LUKES EASTON CAMPUS

In lieu of Easton Hospital, take to:

Name of medication child takes regularly:

Any Allergies (i.e. Bee Sting, Food, Medication)

Please list any medical problems: (explain)

Name of Health Insurance:

Health Insurance subscribers name:

ID#

Group #

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

Signature of Parent/Guardian:

Date: