

2025 EMERGENCY CARE CARD - WILLIAMS TOWNSHIP

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

Name of Participant(s):

Age

HOME ADDRESS:

(1) PARENT/GUARDIAN NAME:

CELL#

PARENT/GUARDIAN EMAIL ADDRESS:

PARENT/GUARDIAN WORK PHONE#

(2) PARENT/GUARDIAN NAME:

CELL#

PARENT/GUARDIAN EMAIL ADDRESS:

PARENT/GUARDIAN WORK PHONE#

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

1. NAME:

ADDRESS:

PHONE #

2. NAME:

ADDRESS:

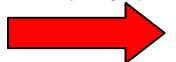
PHONE #

3. NAME:

ADDRESS:

PHONE #

Turn Over



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

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/injured.

SIGNATURE OF PARENT/GUARDIAN _____ DATE: _____

