

# Polite Piggy's Contact and Medical Information for a Child

<b>Child's Name</b>		<b>Date of Birth</b>	<b>Sex</b>
<b>Parent's/Guardian's Name</b>		<b>Parent's/Guardian's Name</b>	
<b>Email</b>		<b>Email</b>	
<b>Home Phone</b>	<b>Work Phone</b>	<b>Home Phone</b>	<b>Work Phone</b>
<b>Address</b>		<b>Address</b>	
<b>City, ST ZIP Code</b>		<b>City, ST ZIP Code</b>	
<b>Alternative Emergency Contacts</b>			
<b>Primary Emergency Contact</b>		<b>Secondary Emergency Contact</b>	
<b>email</b>		<b>email</b>	
<b>Home Phone</b>	<b>Work Phone</b>	<b>Home Phone</b>	<b>Work Phone</b>
<b>Address</b>		<b>Address</b>	
<b>City, ST ZIP Code</b>		<b>City, ST ZIP Code</b>	
<b>Medical Information</b>			
<b>Hospital/Clinic Preference</b>			
<b>Physician's Name</b>			<b>Phone Number</b>
<b>Insurance Company</b>			<b>Policy Number</b>
<b>Allergies/Special Health Considerations ex. Asthma, peanut and berry allergies, milk allergy, etc.</b>			
<p>I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.</p>			
<b>Parent's/Guardian's Signature</b>			<b>Date</b>
<p>I give permission for my child to go on field trips. I release Polite Piggy's Winter Camp and individuals from liability in case off accident during activities related to Polite Piggy's Winter Camp as long as normal safety procedures have been taken.</p>			
<b>Parent's/Guardian's Signature</b>			<b>Date</b>
<b>Witness Signature</b>			<b>Date</b>