

Medical Alert Form



Last _____

Middle _____

First _____

Nickname _____

How did you hear about us?

- Referral Phone Book Drive by
- Newspaper Other _____

DOB _____ SEX _____

Mother/Guardian's Name _____

Address _____

City _____ Zip _____

Home Phone _____ Bus. Phone _____

Cell _____ Email _____

Place of Business _____

Father/Guardian's Name _____

Address _____

City _____ Zip _____

Home Phone _____ Bus. Phone _____

Cell _____ Email _____

Place of Business _____

Name of Ins. Co. _____

Policy No. _____

Elementary School _____

Authorization for emergency medical care in case of accident or illness if parent cannot be reached. Permission to go on all field trips and school functions.

Parent/Guardian's Signature _____

Witness _____ Date _____

Permission for my child's photographs YES signature _____
 to be used for advertising and/or NO signature _____
 promotions of PLANET KIDS.

MEDICAL ALERT

Fam. Dr./Ped _____ Phone _____

Hospital _____ Phone _____

Emergency Numbers - (also authorized to pick up child)

1. Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____

2. Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____

3. Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____

4. Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____

*In Case of Emergency call 1st: _____

Child lives with: Both Parents Shared Custody
 Dad Mom Other _____

SPECIAL INFORMATION: _____

ALLERGIES: _____
