A CHILD'S WORLD
Vehicle Emergency Medical Information

Child's Name_____ Age _____Weight _____

Address _____

City _____ State _____ Zip _____ Telephone No._____

Father's Name _____ Work Number _____

Mother's Name_____ Work Number _____

Emergency Contact Person _____ Telephone No._____

Medical Information

Known Allergies to medication and other substances:_____

Current prescribed medication: _____

Child's special medical needs: _____

Child's Doctor and Telephone No. _____

Hospital Center uses: **Doctors Hospital, 3651 Wheeler Road, # 651-3232**

I agree that the operator of the center vehicle may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

_____

Signature of Parent/Legal Guardian Date

_____

Signature of Vehicle Operator Date