

The Social Smarts Foundation, Inc.

Emergency contact information

Child's Name: _____ Birthdate: _____

Home Address: _____

Parent or Guardian's Name _____

Telephone Numbers: Home _____ Work _____

Cell Phone _____ E-mail Address: _____

Home Address (if different):

Place of Employment: _____

Parent or Guardian's Name _____

Telephone Numbers: Home _____ Work _____

Cell Phone _____ E-mail Address: _____

Home Address (if different):

Place of Employment: _____

Emergency Contacts

Contact #1: _____

Telephone Numbers: Cell _____ Work _____

Contact #2: _____

Telephone Numbers: Cell _____ Work _____

Child's Usual Source of Medical Care

Physician's Name: _____

Phone #: _____

Dentist's Name: _____

Phone #: _____

Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations:

Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/legal guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.

Parent/Guardian #1 Signature: _____ Date: _____

Parent/Guardian #2 Signature: _____ Date: _____