

**EMERGENCY INFORMATION & TREATMENT CONSENT FORM**

**IN CASE OF EMERGENCY NOTIFY:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**IF DIFFERENT THAN ABOVE COMPLETE:**

Father Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Address \_\_\_\_\_ Employer \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Address \_\_\_\_\_

Mother Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Address \_\_\_\_\_ Employer \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Address \_\_\_\_\_

**HEALTH INFORMATION**

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Health Insurance Co. \_\_\_\_\_ Policy Holder Name \_\_\_\_\_  
Employer group # \_\_\_\_\_ Member # \_\_\_\_\_ **\*\*Attach a copy of your medical card**

Please advise us of any learning disabilities, emotional or physical conditions to assist us in providing the best experience for your child.

\_\_\_\_\_  
List any or all medications which your child may need

\_\_\_\_\_  
Medication allergies: Describe reaction and management of the reaction

\_\_\_\_\_  
List food and other allergies - include insect stings, hay fever, asthma, animal dander, etc.

**IMMUNIZATIONS**

I certify that my child is current on all immunizations required by state law, and that I will provide a copy of my child's immunization record upon request.

\_\_\_\_\_ (parent's initials)

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

In the case of an emergency and if I cannot be reached, I authorize UC Merced to obtain whatever emergency medical or dental treatment he/she deems necessary to preserve the life, limb or well-being of my child. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my medical insurance would cover such charges and fees, and I hereby release UC Merced from liability.

Signature of Parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**CHILD'S INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_