

**Emergency contact information, authorization for medical treatment, and  
medical/special needs information**

**PART ONE: Emergency Contact Information**

Parent/Guardian Name(s)

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Phone number(s)

\_\_\_\_\_

**If a parent/guardian is not available, please contact:**

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Phone number(s) \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Phone number(s) \_\_\_\_\_

**PART TWO: Authorization for Medical Treatment**

I (We) \_\_\_\_\_  
(Parent(s)/Guardian(s) Names)

Do hereby state that I am (we are) the parent(s)/guardian(s) having legal custody of a minor child born on \_\_\_\_\_.

(Child's date of birth)

If I/we cannot be reached I/we authorize Eli Smith or another accompanying adult who works at MS 447, 345 Dean Street, Brooklyn, NY, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor, at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

This authorization will expire on June 26, 2018.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**(OVER)**

**PART THREE: Medical and Special Needs Information**

Child's allergies, if any (medication, insects, food, etc.)

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Usual treatment

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Existing medical conditions or problems

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Medications your child is taking (list schedule)

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Child's doctor

Phone number

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(Insurance Company)

(Group #)

(ID #)

Date of last tetanus shot

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Other special needs/anything else we should know?

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