

LPC Emergency Medical Form for Children/Students January 1 – July 31 2021

_____ Child/Student Name	_____ Date of Birth	_____ Grade Level	M F _____ Gender
_____ Parent's/Guardian's Name	_____ Parent's/Guardian's Name		
_____ Cell Phone	_____ Other Phone	_____ Cell Phone	_____ Other Phone
_____ Address		_____ Address	
_____ City, ST ZIP Code		_____ City, ST ZIP Code	
_____ Email:		_____ Email:	

Alternative Emergency Contacts

_____ Primary Emergency Contact		_____ Secondary Emergency Contact	
_____ Home Phone	_____ Cell Phone	_____ Home Phone	_____ Cell Phone

Medical Information

Hospital/Clinic Preference

_____ Physician's Name	_____ Phone Number
_____ Dentist's Name	_____ Phone Number
_____ Insurance Company	_____ Policy Number

Allergies/Special Health Considerations:

Photograph Release

_____ I **authorize** LPC to publish my child's name and/or photograph on a website or in print media

_____ I **deny authorization** to publish my child's name and/or photograph (except internally at LPC)

Emergency Medical Release

By signing below, I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

_____ Parent's/Guardian's Signature	_____ Date
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