



**PFC – VBS Registration Form
Emergency Contact & Medical Information for a Child**

Child's Name: _____ Date of Birth: _____

Male or Female: _____ Sibling(s): _____

Parent's/Guardian's Name: _____

Home Phone: _____ Work Phone: _____

Address: _____

Alternative Emergency Contacts

Primary Emergency Contact: _____

Home Phone: _____ Work Phone: _____

Address: _____

Secondary Emergency Contact: _____

Home Phone: _____ Work Phone: _____

Address: _____

Medical Information

Health Card Number: _____

Physician's Name: _____ Phone: _____

Allergies/Special Health Considerations: _____

I authorize emergency medical treatment and/or hospital procedures as may be performed by the attending physician and/or pediatrics 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 case of an emergency.

Signature of Parent/Guardian

Date