CDI EMERGENCY INFORMATION SHEET

Child's Name_____DOB_____

Child's Name_____DOB_____

Child's Name_____DOB_____

Mother's Name_____Phone H)_____W)_____Cell)_____

Address_____Zip_____

Occupation/Place of Employment_____

Father's Name_____Phone H)_____W)_____Cell)_____

Address_____Zip_____

Occupation/Place of Employment_____

Doctor_____Phone #)_____

Medical Insurance Name and Policy #_____

Preferred Hospital _____

Current Medications and dosage (specify child) _____

Known Allergies (specify child)_____

EMERGENCY CONTACTS & DESIGNATED PICK UP:

Please list below anyone you might designate as an emergency contact and to pick up your child (i.e. neighbor, relative, co-worker) if you cannot. This will enable us to be sure (after checking ID.) that your child is released *ONLY* to someone approved by you. We will not release your child to anyone not on this list unless we have written or verbal confirmation from you.

1. _____phone # _____

2. _____phone # _____

3. _____phone # _____

4. _____phone # _____

PLEASE FILL OUT CONSENT FORM ON BACK

CONSENT FOR MEDICAL TREATMENT

In the event that reasonable attempts to contact me or the emergency contacts at the emergency #'s listed on the front page of this form or on the daily sign-in sheet have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by Dr. _____, or in the event that the designated preferred practitioner is not available, by another licensed physician, AND the transfer of my child to _____ or any other hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

_____ _____

Date Signature of Parent or Guardian

_____ _____

Date Witness

REFUSAL OF CONSENT FOR MEDICAL TREATMENT

I do not give consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency medical treatment, I wish CDI to take no action or to: (specify)

_____

_____

_____ _____

Date Signature of Parent or Guardian

_____ _____

Date Witness

6/2009