

**Cornerstone Collective Emergency Form
Emergency Contact and Medical Information for a Child**

Child's Name

Date of Birth

Parent(Guardian) Name

Parent(Guardian)Name

Cell Phone #1

Cell Phone#2

Address

Address

City/State/Zip

City/State/Zip

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Cell Phone

Cell Phone

Medical Information

PCP/Pediatrician Preference and Phone Number

Hospital Preference

Insurance Company

Policy Number

Group Number

Allergies

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

Parent/Guardian Signature

Date

