



PASADENA LACROSSE Emergency Medical Card Spring 2011*

Child's name:		Parent's/guardian's name:	
Age:		Home phone:	
Date of birth:		Work phone:	
		Cell phone:	
Medical conditions		Alternate contact's name:	
Allergies		Home phone:	
Current medications:		Work phone:	
		Cell phone:	
Family doctor:		Alternate contact's name:	
Doctor's phone:		Home phone:	
		Work phone:	
		Cell phone:	

Consent to Medical Treatment:

If the above named participant needs medical treatment and neither parent nor the family doctor can be reached, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Signature of Parent/Guardian	Print Name	Date
<i>*A new Emergency Contacts sheet must be submitted yearly, and every time information changes.</i>		