

Emergency Contact and Medical Information for the Child

Child's Name	Date of Birth	M	F
Parent's/Guardian's Name	Parent's/Guardian's Name	Sex	
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Emergency Contacts

**Primary Emergency Contact	Secondary Emergency Contact		
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

Does your child have an EpiPen? _____ Specify what allergy it is used for: _____

I authorize Abmas Farm to administer the use of my child's EpiPen in case of emergency.

Signature