

Emergency Contact and Medical Information for a Child

Child's Name

Date of Birth

Gender

Parent's/Guardian's Name

Parent's/Guardian's Name

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, State, ZIP Code

City, State, ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, State, ZIP Code

City, State, ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

Please provide a copy of your child's insurance card.

Please e-mail the completed form to croninkelly@yahoo.com and reference "EMERGENCY CONTACT/MEDICAL FORM" in the subject line, or you may also mail the form to Kellys Kids, Inc., 9 Spring Road, Prospect, CT 06712.

NOTE: Your electronic signature replaces your handwritten signature.