

Emergency Contact and Medical Information

Child Name _____ Date of Birth _____ Male/Female

Mother/Guardian Name _____ Father/Guardian Name _____

Home Ph _____ Work Ph: _____ Home Ph: _____ Work Ph: _____

Address: _____ Address: _____

City/St/Zip code _____ City/St/Zip code _____

Emergency Contact: _____ Secondary Contact: _____

Home Ph: _____ Work Ph: _____ Home Ph: _____ Work Ph: _____

Medical Information:

Hospital/Clinic Preference: _____

Physician Name: _____ Phone # _____

Insurance Co: _____ Policy # _____

Allergies/Special Health Considerations _____

I authorize all medical and surgical treatment, x-rays, laboratory, anesthesia, and other medical and/or hospital procedures, as may be performed or prescribed by the attending physicians and/or paramedics for my child and waive my rights to informed consent of treatment. This waiver applies ONLY in the event that neither parent nor guardian can be reached in case of emergency.

Parent/Guardian Signature _____ Date: _____

I release First Class Adventures Shuttle LLC. from liability in case of accident during activities related to our services rendered as long as normal safety procedures have been taken.

Parent/Guardian Signature _____ Date: _____