

**HEALTH EMERGENCY FORM**

I, \_\_\_\_\_ authorize the Pawling Community  
(Parent/guardian)  
Services School-Age Child Care staff to consent to emergency medical  
treatment for \_\_\_\_\_ when the need for such treatment  
(Child's name)  
is immediate and when efforts to contact me are unsuccessful.

Name of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's/guardian's place of employment: \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work: \_\_\_\_\_

Father's/guardian/s place of employment: \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work: \_\_\_\_\_

Local persons to contact in case of an emergency (other than parent/guardian)

Name	Phone number
_____	_____
_____	_____
_____	_____
_____	_____

Child's doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medicine child is taking: \_\_\_\_\_

Allergies: \_\_\_\_\_

Hospital requested: \_\_\_\_\_

***Pawling Community Services does not provide accident insurance. Please indicate your insurance carrier below:***

Type of insurance	Insurance Company	Policy Number
_____	_____	_____
_____	_____	_____