



Emergency Care Transportation Form

Notice: In the event it is necessary to transport your child to a clinic or hospital, this form will be used to provide the hospital with important information.

Child's Full Name: _____

Address: _____

Drug Allergies: _____ Blood Type: _____

Health Concerns: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Mother/Guardian's Name: _____ Place of Employment: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father/Guardian's Name: _____ Place of Employment: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contacts (other than physicians)

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Insured's Name: _____ Insurance Provider: _____

Provider's Address & Phone: _____

Policy Number: _____ Insured's ID# _____

I give permission for my child, _____, to be transported to
_____ Hospital in the event of an emergency.

Parent/Guardian Signature: _____ Date: _____