

HBC Children's Center EMERGENCY FORM

Membership # _____ Parent / Guardian Name: _____

Child's Name: _____ Birthdate: ___/___/___

Address: _____ Phone: _____

Business Phone (s): _____

If not available in an emergency, please notify:

Name: _____ Phone: _____

Address: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Health Insurance Carrier and Member #: _____

Is your child on a normal schedule of immunizations? Yes / No

Does your child have any Allergies, Health or Medical conditions that we need to be aware of? _____

For under 1's: _____ Breastfed / Bottle-fed

(Please update as appropriate) _____ Can or Cannot have crackers

PERMISSION FOR MEDICAL TREATMENT

In case of emergency or accident, if I am not available, I authorize the staff of the Harbor Bay Club to seek medical treatment for my child, at my expense.

Signed: _____ Date: _____

It is the responsibility of the parents to update the above information as needed.