

PENN MANOR JUNIOR COMETS

EMERGENCY INFORMATION

Child's Full Name: _____

Date of Birth: _____ **Age:** _____

Parent/Guardian: _____

Phone Number: _____

Address: _____

Alternate Person to Contact: _____ **Phone Number:** _____

Relationship to Child: _____

Physician: _____ **Phone Number:** _____

Preferred Hospital: _____ **Phone Number:** _____

Insurance Provider: _____ **Insurance Phone Number:** _____

Insurance Group #: _____ **Policy #:** _____

Any Allergies:

Any Medications/Conditions:

Other:

I give permission for the above-named minor child to be treated at either the physician's office or the hospital if I cannot be reached.

Signature of Parent/Guardian: _____

Date: _____