



## Parent/Guardian Information and Emergency Contact Form

**This information will be extremely important in the event of an accident or medical emergency. Please be sure to complete all fields including information about all parents/guardians, and provide a minimum of two emergency contacts.**

### Patient Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

### Parent / Guardian 1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address \_\_\_\_\_ Medical Decision Maker:  Yes  No

Emergency Contact:  Yes  No

### Parent / Guardian 2 (if applicable)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address \_\_\_\_\_ Medical Decision Maker:  Yes  No

Emergency Contact:  Yes  No

### Additional Emergency Contact (if applicable)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address \_\_\_\_\_ Medical Decision Maker:  Yes  No

### Insurance Information:

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Preferred Local Hospital: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_