

# Performance Pediatrics Emergency Contact Form

Childs Name: \_\_\_\_\_

## **Personal Contact Info:**

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

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

## **Emergency Contact Info:**

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_ Employer \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_ Employer \_\_\_\_\_

## **Medical Contact Info:**

Doctor Name. \_\_\_\_\_ Phone # \_\_\_\_\_

Medications: \_\_\_\_\_

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

Medical Conditions: \_\_\_\_\_

**I have voluntarily provided the above contact information and authorize Performance Pediatrics and its representatives to contact any of the above on my behalf in the event of an emergency.**

**Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_