



Kula Kids Yoga

Emergency Contact and Medical Information for a Child

_____ Child's Name		_____ Date of Birth		M	F
				Sex	
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name			
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone		
_____ Address		_____ Address			
_____ City, ST ZIP Code		_____ City, ST ZIP Code			

Alternative Emergency Contacts

_____ Primary Emergency Contact		_____ Secondary Emergency Contact			
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone		
_____ Address		_____ Address			
_____ City, ST ZIP Code		_____ City, ST ZIP Code			

Medical Information

_____ Physician's Name		_____ Phone Number	
_____ Insurance Company		_____ Policy Number	

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date



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