

# Hilltop Children's Center

Director: Pooneh Jahadi (PJ) Yazdi, PhD

Child's Name: \_\_\_\_\_ D of B: \_\_\_/\_\_\_/\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ D of B: \_\_\_/\_\_\_/\_\_\_ Driver's License #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ D of B: \_\_\_/\_\_\_/\_\_\_ Driver's License #: \_\_\_\_\_

## Emergency Release

**Emergency Contacts: I hereby authorize the following person to make an emergency medical or dental decision for my child in the event that neither parent/guardian can be reached.**

❖ Primary Emergency Contact \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

❖ Secondary Emergency Contact \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### **Consent to Emergency First Aid & Transportation:**

I hereby give permission that my child, \_\_\_\_\_ may be given emergency treatment by a staff member at Hilltop Children's Center. I also give permission for my child to be transported by car, ambulance, or employee's car to an emergency center for treatment, and agree to hold Hilltop Children's Center and its employees harmless.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### **Consent to Medical Care and Treatment:**

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold Hilltop Children's Center and its employees harmless.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Information

➤ Child's Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

○ Physician's Address: \_\_\_\_\_

➤ Preferred Hospital: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

➤ Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

➤ Regular Medications: \_\_\_\_\_

➤ Blood Type: \_\_\_\_\_

➤ Medicine allergic to: \_\_\_\_\_

➤ Food Allergies: \_\_\_\_\_

➤ Any other Allergies: \_\_\_\_\_

➤ Any special health conditions: \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_