

**Achieve Pediatric Therapy**  
**Emergency Information 2011**

**Name of Child:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Other medical provider: \_\_\_\_\_ Phone: \_\_\_\_\_

*Allergies or Restrictions:* \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Contact: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Contact: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

**Other Caregivers** (i.e., babysitter, relative) who may be taking child to and from therapy/camp:

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Contact: \_\_\_\_\_

**In the event of an emergency if the parent cannot be reached, please list 2 other contacts:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Emergency Medical Release:**

Should my child need emergency medical care due to an accident or illness while I am absent from my child's therapy session, I grant permission to call 911 immediately and/or to perform routine medical care including CPR and First Aid. I am to be contacted immediately. If I cannot be reached, listed emergency contacts will be called immediately.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date