



Emergency Treatment Card

To Whom It May Concern:

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child: _____ in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants it, to this hospital _____.

Child's Physician: _____ Phone # _____

Address: _____ City: _____ State: _____ Zip: _____

Allergies: _____

List ANY medication your child is currently taking: _____

Date of last DPT or Tetanus: _____

Insurance Company: _____ Policy Number: _____

Expiration Date: _____

By signing this form, I verify that all information provided to Xtreme Fun Center is complete and accurate.

Parent/Guardian Signature: _____ Date: _____