

5825 NE Ray Circle
Hillsboro, OR 97124
503.690.5428
503.690.5440 Fax

Emergency Information

Child's Name Date of Birth

Parent/Guardian

Address City Zip

Home Phone # Work Phone #

Please list any medications given:

Is there a medical protocol in place? If so, please attach.

For all prescribed medications please attach any special instructions incase of emergency.

Allergies (medication, food, other) please list and describe reactions:

Physician:
Phone:

Hospital Preference:
Address:

Health Insurance:
Policy #
Group #

If unable to reach parents in case of an emergency, the following should be contacted:

Name Phone #

In an emergency if the parent, the designated person or designated physician cannot be reached, I authorize the NWRESO and/or its representative to obtain medical services for my child from any physician/emergency care facility.

Parent/Guardian: Date: