



Emergency Medical Form

Child's Name _____ Date of Birth _____

Allergies _____

_____ I am not aware of other allergies and I authorize Backyard TreeHouse Pediatric Therapy Center, P.C. to use foods, scents, and textures other than those listed above for therapeutic purposes.

Medical Precautions _____

Emergency Contact Information

Name _____

Name _____

Relationship to Child _____

Relationship to Child _____

Phone: _____

Phone: _____

Our policy is to call 911 in the case of any medical emergency. Please indicate if you would like us to do otherwise, and what action you would like taken: _____

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian