



Carolina Courts Emergency Care Authorization/Contact Form
(Please print clearly)

Name of Child:

I, _____, the undersigned, give permission for care of the above named child to the staff of Carolina Courts while said child is participating in Carolina Courts' sponsored programs/events.

I hereby authorize the staff of Carolina Courts to sign for medical treatment of my child.

Parent Signature: _____ Date: _____

Address: _____

Home Phone _____ Cell Phone 1: _____ Cell Phone 2 _____

Emergency Contact Name _____ Phone _____

Insurer: _____ Number: _____

Witnessed By: _____ Date: _____

EMERGENCY CARE INFORMATION

Child's full name:

Date of Birth: _____ Date last Tetanus Shot: _____

Child is allergic to the following: (please indicate medications, food, bees, etc.)

_____ () None

Child is taking the following medications:

_____ () None

Child is diabetic, has asthma, or has other chronic condition or major illness:

_____ () None

Name of primary care physician and phone number
