



BAKER CITY, OREGON
 P.O. Box 650, Baker City, OR 97814-0650
 541-523-6541 or 541-523-3711 Voice/TDD
 www.bakercity.com



Emergency Contact and Medical Information Form

This form is to be completed by the parent or guardian. The information below will be used to contact the responsible parent or guardian for general communications or any other needs. If any information on this form changes, please request a new form so the department and the City have the most up-to-date information.

Parent/Guardian Name: _____ Phone Number: _____

Email: Address: _____

Physical Address: _____

Mailing Address: _____

Emergency Contacts

Name _____ Phone Number _____

Name _____ Phone Number _____

Medical Information

The information below will be maintained and kept confidential. All information in the below section will be used in an emergent event. Sharing the requested information below will help our department maintain your child's safety and that all information is shared with the child's PCP if necessary.

Primary Doctor: _____ Phone Number: _____

Known Medical Conditions: _____

Known Allergies

Food: _____

Medication: _____

Does your child take any medication? Yes No

If Yes, list the medication and what condition it is for: _____
