

Le Triomphe Golf & Country Club

100 Club Blvd.
Broussard, LA 70518
337-856-9005

Emergency Contact and Medical Information for Child

Child's Name: _____ Date of Birth: _____ M/F

Parent's/Guardian's Name: _____

Home Phone #: _____ Cell Phone #: _____

Alternate Phone #: _____ Email Address: _____

Address: _____

City, State, Zip: _____

Alternative Emergency Contacts

Primary Emergency Contact: _____

Secondary Emergency Contact: _____

Primary Phone #: _____ Secondary Phone #: _____

Primary Address: _____ Secondary Address: _____

City, State, Zip: _____ City, State, Zip: _____

Medical Information

Hospital/Clinic Preference: _____

Physician's Name: _____ Phone Number: _____

Insurance Company: _____ Policy Number: _____

Allergies/Special Health Considerations: _____

Is your child currently on medication? If so, does it need to be administered by our staff (please provide any special instructions)? _____

I authorize all medical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian's Signature: _____ Date: _____