



Emergency Contact & Medical History Form

Child's Name _____ Nickname _____

Birthdate _____ SS# _____ Insurance _____

Race/Ethnicity _____ Hair Color _____ Eye Color _____

Parents/Guardians:

Name _____ Relationship _____ Phone 1 _____

Address _____ Phone 2 _____

Name _____ Relationship _____ Phone 1 _____

Address _____ Phone 2 _____

Emergency Contacts:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Physicians:

Name _____ Phone _____

Name _____ Phone _____

Primary Insurance _____ **Secondary Insurance** _____

Allergies *(list any allergies/allergic reactions your child has had that emergency medical personnel should know)*

Medications *(list any medication your child takes that emergency personnel should know)*

Pre-Existing Conditions *(list any pre-existing illnesses, conditions or surgeries your child has had that emergency medical personnel should know)*

Immunization Record *(keep track of your child's immunization record on the back of this form)*

For additional copies of this form, visit St. Rose's website at www.strosecares.com and click on the WomensCare link. You will also find a Consent for Care/Treatment form. You may wish to name someone to consent for the treatment of your child should an emergency arise while you are out of town.



St. Rose Dominican Hospitals



Covering Kids

(En Espanol Tambien)

Nevada Check Up provides low-cost health coverage for children birth to age for families whose gross income falls within these guidelines: Family of two, \$24,240; Family of three, \$30,520; Family of four, \$36,800; Family of five, \$43,080.

If you have a larger family, add \$6,280 for each additional member, and note that income levels are adjusted every March. Coverage includes: medical, dental, vision, prescriptions and more.

Nevada Medicaid provides free health coverage to children whose family income falls below these guidelines and may pay for bills incurred up to three months prior to application for coverage.

Nevada Check Up proporciona servicios medicos completos a precios accesibles para niños sin seguro de 0 a 18 años que no están cubiertos por seguros privados o Medicaid. Los requisitos economicos para calificar son: Familia de 2, \$24,240; Familia de 3, \$30,520; Familia de 4, \$36,800; Familia de 5, \$43,080. Anada \$6,280 por cada miembro adicional. Servicios cubre: medico, dentista, vision, precripciones y mucho mas.

Call (702) 759-0704

