

**If parents are divorced or separated please complete this section:**

Who has custody? \_\_\_\_\_ Are there any legal restrictions that would restrict the non-custodial parent from consenting to medical treatment for the child or from obtaining information about the child's medical treatment? Yes / No (If yes, please explain and attach legal paperwork that supports this restriction as required by law \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Update Emergency Contact – Other than Parents:**

Emergency Contact: \_\_\_\_\_  
Last Name First Name Phone Relationship

\*Does the above person have permission to discuss medical issues and make appointments? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Last Name First Name Phone Relationship

\*Does the above person have permission to discuss medical issues and make appointments? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Photo ID presented ODL/Other

\_\_\_\_\_  
Signature Relationship to Child Date