

CHICAGOLAND DETECTIVE SERVICES

Security Consultants • Private Investigations • Executive Protection • Process Serving • Fingerprinting

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MEDICAL PROFILE AND EMERGENCY AUTHORIZATION

(please print – list any continuations on back of page)

This form is designed to aid our agents by providing us with the medical information and necessary precautions in taking the best possible care of your child. In the event of a medical emergency, the child's physician(s) will be contacted first, followed by their additional points of contact. In the event of a non-medical emergency, physicians will not be contacted unless instructed by parents/legal guardian.

Name of child: _____

Child's date of birth: _____

PHYSICIAN 1:

Name, type of physician: _____

Phone number(s): _____

Address: _____

PHYSICIAN 2:

Name, type of physician: _____

Phone number(s): _____

Address: _____

1st POINT OF CONTACT (non-physician):

Name, relation to child: _____

Phone number(s): _____

Address: _____

2nd POINT OF CONTACT (non-physician):

Name, relation to child: _____

Phone number(s): _____

Address: _____

Child's allergies (please list): _____

Child's dietary restrictions (please list): _____

Is your child susceptible to motion sickness?: Yes No

Child's medical conditions (For example: seizures, blood disorders, heart problems, asthma, etc)? Continuation on back

Medications your child is currently taking (include instructions, frequency, and known side effects): Continuation on back

Signature of Parent/Legal Guardian

Date