

**EMERGENCY CONTACT FORM AND CONSENT**

Child's name \_\_\_\_\_

Parent's name \_\_\_\_\_

Telephone number \_\_\_\_\_

Cell phone number \_\_\_\_\_

Emergency Contact Name & Number \_\_\_\_\_

**Bothell Pediatric and Hand Therapy is conducted at the following locations:**

<b>18504 Bothell Way NE</b>	<b>and/or</b>	<b>1326 5<sup>th</sup> Street, D1 and D2</b>
<b>Bothell, WA 98072</b>		<b>Marysville, WA 98270</b>
<b>425-481-1933</b>		<b>360-658-0207</b>

**Pool Therapy is conducted at:**

**Chateau at Bothell Landing**  
**17543 102<sup>nd</sup> Avenue NE**  
**Bothell, WA 98011**  
**425-485-1155**

Child's Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

Contraindications/Precautions: \_\_\_\_\_

\_\_\_\_\_

**In the event of a medical emergency, I give permission to the employees of Bothell Pediatric and Hand Therapy to consent to any necessary medical treatment needed by my child.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_