

EMERGENCY FORM

Child's Name: _____

Birth Date: _____

Address: _____

Home Phone: _____

City, State, Zip _____

Enrollment Date: _____

Mother's Name: _____

Employer: _____

Work Hours: _____ Work #: _____ Cell #: _____

Father's Name: _____ Employer: _____

Work Hours: _____ Work #: _____ Cell #: _____

Authorized person to whom child may be released if parent is unavailable

Name: _____

Relationship to Parent: _____

Address: _____

Driver's License #: _____

Home #: _____ Work #: _____ Cell #: _____

Transportation Permission

I give my permission for my child to be transported for field trips that will be taken periodically as part of the overall Education Program. All children attending field trips must be four (4) years old or older (unless otherwise specified by State Regulations).

Parents Signature: _____ Date: _____

Medical Information

Medical Facility the Center Uses: _____ Address: _____

Food and/or Drug Allergies: _____

Medication(s): _____

Dosage and Frequency: _____

Child's Special Needs and Conditions: _____

Physician: _____ Phone: _____ Hrs: _____

Address: _____

Hospital preferred for emergency treatment: _____

Health Insurance Company: _____ Policy #: _____

Emergency Release

Should my child become ill or suffer an accident, I hereby authorize the school named above to administer, call for emergency care, or secure the necessary medical attention as may be deemed necessary by the school. I understand that my child would be transported to the nearest hospital facility in the event of a serious accident. I give permission to secure emergency medical and/or surgical treatment for the above named minor child while in the care of the above named school. I understand that an effort will be made to contact me or my designee(s), if possible, before any action will be taken. I also understand that any expense incurred will be accepted by me.

Parent's Signature: _____ **Date:** _____

Authorized person to be notified in emergency when parents are unavailable

Name: _____ Relationship to Parent: _____

Address: _____

Home #: _____ Work: _____ Mobile: _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____ year _____

Notary Seal

Signature of Notarial Officer _____ My commission expires: _____