

The Learning Tree Children's Center
Emergency Information

Child's Name: _____ Sex: _____

Date of Birth: _____ Home Phone: _____ Cell Phone _____

Address: _____
Street City State Zip

Physician: _____ Physician Phone: _____
Dentist: _____ Dentist Phone: _____
Father's Name: _____ Mother's Name: _____
Employer: _____ Employer: _____
Phone Number: _____ Phone Number: _____

Name of Person(s) Allowed to Pick up Child(ren):

1. _____ Phone Number: _____
2. _____ Phone Number: _____
3. _____ Phone Number: _____
4. _____ Phone Number: _____

*These people will be contacted in emergencies if parents can not be reached within 30 minutes.

Out of Area Contact (For Disaster Emergency)

1. _____ Phone Number: _____

Date of Last Physical:

Allergies:

Medical Conditions or Continuous Medications:

Updated Immunizations:

Consent to Medical Care and Treatment of Minor Children

I _____, the natural parent or legal guardian, hereby give permission that my child _____, may be given emergency treatment to include first aid and CPR by a qualified staff member at The Learning Tree Children's Center. I further authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when physician can not be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health, and I can not be contacted. I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Date and Place

Parent/Guardian Signature