

Leaping Learners
37 Patillo Rd
Stockbridge, GA 30281

Emergency Form

Physician/Provider's:

Name _____ Address _____ Telephone# _____

Child Name Last _____ First _____ Birthdate _____

Mother's Name Last _____ First _____

Address _____

Telephone Numbers Home _____ Cell _____ Work _____

Father's Name Last _____ First _____

Address _____

Telephone Numbers Home _____ Cell _____ Work _____

Legal Guardian Last _____ First _____

Address _____

Telephone Numbers Home _____ Cell _____ Work _____

IF ABOVE PERSONS ARE NOT AVAILABLE: Names and addresses of persons to be contacted and to whom the child may be released (must give three contacts)

Name _____ Relationship _____

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Address _____ Telephone # _____

Name _____ Relationship _____

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Address _____ Telephone # _____

Name _____ Relationship _____

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Address _____ Telephone # _____

Child's HEALTH CARD # _____

Hospital you prefer: _____

Are there any known allergies, health or medical conditions that the Provider should be made aware of? Circle YES or NO. If yes, please describe:

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PARENT'S CONSENT/ Signature of Parent/Guardian _____ **Date** _____