The Country Playhouse Academy, Inc. EMERGENCY CARD

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Child's Name:	DOB:	1 1	Age:	Sex:	М	F		
Address: City: State: Zip Code:								
MOTHER'S INFOR	MATION							
Mother/Guardian's Name:								
Address (if different):		Cell Phone:	() -					
Address (if different):State:Zip Code:		00111110110.	()					
CityStateZip Code		Morle Dhone	s. /			ı		
Employer's Name:	MATION	VVOIK PHONE	e: ()	_	ex	ι.		
FATHER'S INFORMATION								
Father/Guardian's Name:								
Address (if different):		Cell Phone:	() -					
Address (if different): City: Employer's Name: State: Zip Code: Employer's Name:								
Employer's Name:		Work Phone	e: ()	_	ext	t.		
Known Allergies: Med	dications		,					
Known Allergies: Medications Taken:								
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Emergency Contacts: 1. Name: Relation to Child:		Dhon	o Numbor: /	\				
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2 Name Relation to Child:		Phon	e Number: ()	_			
2. Name: Relation to Child: Phone Number: ()								
In the event of an emergency as determined by the Director, Lead or his/her designee, 9-1-1 will be called. By my signature, I authorize emergency personnel to treat my child and determine if additional treatment is needed. I authorize them to transport my child to an appropriate hospital emergency/trauma facility. I authorize physicians and other medical personnel to perform diagnosis and treatment (including surgery) necessary to stabilize and/or save my child's life. I agree to be responsible for all costs incurred in the treatment of injuries/illnesses/incidents, which may occur while my child attends The Country Playhouse Academy, Inc. and hold The Country Playhouse Academy, Inc. harmless of any liability or costs. My child's physician may be contacted and he/she is permitted to share information pertaining to my child's treatment and other medical conditions. By my signature below, I authorize and agree to these medical emergency instructions and the statements above.								
Parent/Guardian Signature: Date:								
The Country Playhouse Academy, Inc. EMERGENCY CARD								
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Child's Name:	DOB:	1 1	Age:	Sex:	M	F		
Addrose: City			State: Z	in Codo				
Address: City: State: Zip Code: MOTHER'S INFORMATION								
	MATION							
Mother/Guardian's Name:								
Address (if different): City: State: Zip Code:		Cell Phone:	() -					
City:Zip Code:								
Employer's Name:		Work Phone	e: ()	-	ext	t.		
FATHER'S INFORI	MATION							
Father/Guardian's Name:								
Father/Guardian's Name:		Cell Phone:	()					
City: Code:		Cell Filone.	() -					
Address (if different):State:Zip Code: Employer's Name:		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,					
			e: ()		ex	t.		
Known Allergies: Med	dications	s Taken:						
Emergency Contacts:								
1. Name: Relation to Child:		Phon	e Number: ()				
2. Name: Relation to Child:	Relation to Child:			Phone Number: ()				
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