

Liberty Learning Centers Inc.

Emergency Information

Child's Name: _____ Birthdate: _____

Address: _____ Home Phone: _____

Hospital of choice: _____ Allergies: _____

Mother's Name: _____ Cell #: _____

Work #: _____ Place of work: _____

Father's Name: _____ Cell #: _____

Work #: _____ Place of work: _____

Doctor's name, #, address: _____

Emergency / Pick Up List:

1. _____ Phone #: _____

Relationship to child: _____ Pick Up Emergency

2. _____ Phone #: _____

Relationship to child: _____ Pick Up Emergency

3. _____ Phone #: _____

Relationship to child: _____ Pick Up Emergency

People who MAY NOT pick up your child:

1. _____ Reason: _____

Relationship to child: _____

2. _____ Reason: _____

Relationship to child: _____

Date of last physical: _____

Health History / Info: If none check box and initial: _____

Medical Release:

In case of emergency, I understand that Liberty Learning Centers Inc. will try to contact me first if there is time. If there is no time, Liberty Learning Centers Inc. will call 911 (who then sends emergency vehicle, medic, or etc.) Unless otherwise requested the center will transport to Good Samaritan Hospital. I hereby give my consent for my child's doctor (or the hospital's consulting physician if the child's doctor isn't available) to conduct any x-rays, give blood tests, or give any and all treatment that the doctor may deem necessary in the event of an emergency. I also authorize the staff of Liberty Learning Centers Inc. to give minor first aid and CPR.

I understand that any charges due to medical attention are my responsibility to pay.

Parent's Signature: _____ Date: _____