CHILD EMERGENCY INFORMATION

Child's Last Name _____ First _____MI _____ M F Birthdate _____/_____/_____

Home address _____ City _____Zip _____ Home/day phone _____

Parent #1 Full Name: _____ Employer _____

Phone/Email: _____ _____
Work Home Cell Email

Parent #2 Full Name: _____ Employer _____

Phone/Email: _____ _____ _____
Work Home Cell Email

With whom does the child live? _____ Are there custody arrangements? Yes (Please attach documents) No

List siblings attending this program:

Name _____ Date of Birth: _____

Name _____ Date of Birth: _____

Name _____ Date of Birth: _____

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

Name _____ Relationship _____ Ph#s _____
Phone #1 Phone #2

Name _____ Relationship _____ Ph#s _____
Phone #1 Phone #2

Name _____ Relationship _____ Ph#s _____
Phone #1 Phone #2

Primary Doctor _____ Ph# _____ Dentist _____ Ph# _____

Does your child currently have medical insurance? Yes No Insurance carrier _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

Name _____ Relationship _____ Ph#s _____
Phone #1 Phone #2

Name _____ Relationship _____ Ph#s _____
Phone #1 Phone #2

Name _____ Relationship _____ Ph#s _____
Phone #1 Phone #2

Name _____ Relationship _____ Ph#s _____
Phone #1 Phone #2

CONSENT FOR EMERGENCY MEDICAL TREATMENT

As the parent or authorized representative, I hereby give consent to ACR Academy to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.), Osteopath (D.O.) or Dentist (D.D.S.) for: my child named above. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Child has the following illnesses:_____

Child has the following allergies: :_____

Child regularly takes the following medication: :_____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

< < Please notify the center immediately of any change in the above information > >