



VEHICLE EMERGENCY MEDICAL INFORMATION

Child's Name _____

Home Address _____ City _____ State _____ Zip _____

Mother's Name _____

Home Phone _____ Work Phone _____

Cellular Phone _____ Email _____

Father's Name _____

Home Phone _____ Work Phone _____

Cellular Phone _____ Email _____

Person to notify in an emergency and parents cannot be reached:

Name _____ Phone _____ Relation to Child _____

Child's Doctor _____ Phone _____

Medical Facility the Center Uses: _____

Child's Allergies _____

Prescribed Medications _____

Child's Special Needs/Conditions _____

In the event of emergency involving my child and if The LemonTree Academy cannot get in contact me, I authorize any needed emergency medical care. I further agree to be fully responsible for medical expenses incurred during the treatment of my child.

Signature of Parent(s) / Guardian

Date

Signature of Parent(s) / Guardian

Date

Center Director Signature

Date