

Notarized Emergency Form

Student's Name _____

Address _____

Age _____ D.O.B. _____ Sex _____ Phone # _____

Mother's Name _____ Work # _____

Father's Name _____ Work # _____

Email Address _____

Person's who may be contacted in case of emergency if for some reason the parent or guardian cannot be reached (and authorized to remove child from center)

Name	Address	Phone	Relationship

Allergies (Food, Medication, etc.) _____

Special Medical Needs _____

Hospital Preference _____

Child's Physician _____

Phone # _____

We authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, or hospital care, to render to the minor under the general or supervision and on the advice of any physician or at said hospital. The undersigned shall be liable and agree (s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by The Learning Ladder Christian Preschool. Permission is hereby granted to meet the medical needs of my child in case of an emergency.

Signature of Parent/Guardian

Date

The foregoing instrument was acknowledged before me the undersigned authority on this ___ day of _____, 20___ by _____ who has produced a current _____ as identification, and who did take an oath or is personally known.

Signature of Notary Public – State of Florida