

White Oak

L E A R N I N G A C A D E M Y

Emergency Medical Information

Child's Name _____ Home Phone _____

Child's Address _____

Father's Name _____ Work Phone _____

Mother's Name _____ Work Phone _____

Emergency Contact Name _____ Phone _____

Child's Physician _____ Office Phone _____

Physician's Address _____

Allergies _____

Special Medical Needs _____

Daily Prescribed Medications _____

Emergency Medical Facility: Northside Hospital Forsyth
1200 Baptist Medical Center Drive
Cumming, GA 30041

I believe the above information to be true and correct. It is my responsibility, as the child's parent/guardian to immediately update this form if any information should change.

I grant White Oak Learning Academy permission to take whatever action in its judgment may be necessary in supplying emergency medical services to the above named child. I agree that we will be solely responsible for and will promptly pay any expenses which may be incurred by White Oak Learning Academy in making emergency medical treatment available to the above named child.

(Parent Signature)

(Date)