

## Liberty Learning Centers Inc.

### Emergency Information

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Place of work: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Place of work: \_\_\_\_\_

Doctor's name, #, address: \_\_\_\_\_

Hospital of choice: \_\_\_\_\_ Allergies: \_\_\_\_\_

#### 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: \_\_\_\_\_