** Emergency Information Page**

Childs Last Name First Name Date of Birth

Yes/No

Allergies Epi-Pen

Childs Last Name First Name Date of Birth

Yes/No

Allergies Epi-Pen

**Medical Information/ Authorization for Medical Treatment:**

Doctors Name Practice Name Phone Number

Address City State Zip

Health Insurance Provider Policy Number Group Number

Primary Insured Preferred Hospital

I (we), authorize for emergency purpose only, a designated employee of the center to transport the above minor by ambulance, and consent to any necessary examination, anesthetic, medical advice and/or medical treatment from a physician or surgeon licensed to practice medicine in the state of NJ.

**Permission Agreement for Fire Drill/Emergency Evacuation:**

I (we), authorize the Future Generation Academy to take my child(ren) to a designated evacuation area for fire drills or emergency evacuation.

**Emergency Contact Information** (please circle preferred phone number)

Mothers Last Name First Name Cell Phone Work Phone Home Phone

Fathers Last Name First Name Cell Phone Work Phone Home Phone

**Additional Persons Authorized for Emergency Notification and /or Pick Up**

Last Name First Name Relationship Contact Number

Last Name First Name Relationship Contact Number

Parent/Guardian name Parent/Guardian Signature Date

Center Representative Signature Title Date