

Emergency Information Page

Childs Last Name _____ First Name _____ Date of Birth _____

Allergies _____ Yes/No
Epi-Pen _____

Childs Last Name _____ First Name _____ Date of Birth _____

Allergies _____ Yes/No
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 _____

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 _____