



**Main Street Kids School
Emergency Information / Consent for Treatment
2009-2010**

Please complete ENTIRE form!

CHILD'S NAME _____ BIRTHDATE _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____

MOTHER'S NAME _____ CELL PHONE _____

BUSINESS PHONE _____ OTHER _____

FATHER'S NAME _____ CELL PHONE _____

BUSINESS PHONE _____ OTHER _____

IN CASE OF EMERGENCY CALL: (Be assured all efforts to contact parents have been exhausted before calling others.)

NAME _____ PHONE _____ RELATION _____

NAME _____ PHONE _____ RELATION _____

***MAIN STREET KIDS SCHOOL OF FIRST BAPTIST CHURCH OF TUCKER HAS
PERMISSION TO HAVE MY CHILD MEDICALLY TREATED IN AN
EMERGENCY SITUATION.***

ALLERGIES (list all) _____

MEDICATION CURRENTLY TAKING _____

FAMILY PHYSICIAN _____ PHONE _____

PREFERRED HOSPITAL _____

SIGNED _____ DATE _____

(MOTHER, FATHER, LEGAL GUARDIAN)

PICK UP AUTHORIZATION

Listed below are the persons who are authorized to pick up my child from Main Street Kids School other than the parents. *(Please notify those not familiar to our staff that we will require license identification before picking up your child.)* Only people listed on this sheet may pick up your child. All changes/additions must be received in writing.

Georgia state law requires that all children under age 6 are required to be in a car seat or booster seat appropriate for their height & weight, and they must be in the back seat.

1. Name _____

Address _____

Phone _____

2. Name _____

Address _____

Phone _____

3. Name _____

Address _____

Phone _____

4. Name _____

Address _____

Phone _____

Persons who may not pick up my child:

1. _____

2. _____

Signature _____ Date _____

emergencyinfo