



EMERGENCY MEDICAL INFORMATION

Child's Name _____ Date of Birth _____

Address _____

Home Phone _____

Father's Name _____

Work Phone _____ Cell Phone _____

Mother's Name _____

Work Phone _____ Cell Phone _____

Person to notify in an emergency and parents cannot be reached:

Name: _____ Phone _____

Medical Information:

Child's Doctor _____ Phone _____

Address _____

Insurance Provider _____

Policy Number _____

Child's Allergies _____

Child's Special Needs/Prescribed Medications _____

In the event of an emergency involving my child, and if Towne Lake Academy cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Emergency Medical Facility

Kennestone Hospital
677 Church Street, Marietta, GA 30060 770-793-5000

Parent/Guardian Signature

Date