

EMERGENCY HEALTH AND ACCIDENT FORM
ASCENSION CHILDREN'S LEARNING CENTER

Name of Child _____ Birth Date _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

Mother's Home Phone Number _____

Father's Home Phone Number (if different) _____

Mother's Business Phone _____ Hours _____

Father's Business Phone _____ Hours _____

Other persons to call in an emergency:

1. _____

2. _____
(Name) (Address) (Phone)

Describe or list important medical conditions of which attending medical personnel should be aware: (heart, respiratory, drug reactions, medications, etc.) _____

I hereby give my permission to Ascension Lutheran Children's Learning Center to call a doctor for medical or surgical care for my child, _____, should an emergency arise.

My hospital of choice is _____.

It is understood that a conscientious effort will be made to locate us before any action will be taken, but if it is not possible to locate us, this expense will be accepted by us. Either of the two people listed are also authorized to give consent for emergency care or to pick up my child if necessary.

Parent's signature and date 1. _____ 2. _____