



# LEARNING LADDERS

## EMERGENCY CONTACT INFORMATION AND PERMISSION TO SECURE EMERGENCY SERVICES

Full Name \_\_\_\_\_ Date of Birth(Mo/Day/Year) \_\_\_\_\_

Address \_\_\_\_\_

Class \_\_\_\_\_ Teacher \_\_\_\_\_

To Parent/Guardian: To serve your child in case of accident/sudden illness, it is necessary that you give the following information for emergency calls:

Mother \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address \_\_\_\_\_

Father \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address \_\_\_\_\_

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name \_\_\_\_\_ Name \_\_\_\_\_

Home/Address \_\_\_\_\_ Home/Address \_\_\_\_\_

Telephone-Home \_\_\_\_\_ Work \_\_\_\_\_ Telephone-Home \_\_\_\_\_ Work \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Please provide a list of any allergic reactions and any medical/surgical care child received during the past year.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, do hereby authorize officials of Learning Ladders to contact directly the persons named on this card and do authorize the physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that other persons named on this card or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the Learning Ladders financially responsible for the emergency care and/or transportation for said child.

Parent/ Guardian Signature \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_