

## EMERGENCY INFORMATION HARMONY GROVE PRESCHOOL

Child #1's Name	Child #2's Name	
Child #1's Birthdate	Child #2's Birthdate	
Child #1's Teacher	Child #2's Teacher	
Home Address		Home Phone
Father's Name	Business Phone	Cell Phone
Mother's Name	Business Phone	Cell Phone
Sitter's name	Sitter's Home Phone	Sitter's Cell Phone

## MEDICAL INFORMATION

**CURRENT IMMUNIZATION FORM # 3231 MUST BE ATTACHED IN ORDER TO ENROLL OR ATTEND**

Child #1's Allergies (food or animals)	Child #2's Allergies (food or animals)
Child #1's regular medications	Child #2's regular medications
Insurance Company	Policy #
Physician to be called in an emergency	Phone #
Dentist to be called in an emergency	Phone #

**ADULTS OTHER THAN CUSTODIAL PARENTS WHO HAVE PERMISSION TO PICK UP THE STUDENT**

Name	Telephone	Relationship to Student
Name	Telephone	Relationship to Student
Name	Telephone	Relationship to Student

911 Medical Care

911 will be called in the event of a medical emergency that requires quick and immediate care. The paramedics will decide, after assessing the condition of the patient, about the need to transport the patient and to which hospital the patient will be taken.

Waiver of Liability

It is mutually understood that in the event of an accident or illness of the child while in the care of the Preschool, the staff shall use its best efforts to contact the parents. In the event the parents are not immediately available, the staff is authorized to secure such medical care as the situation may reasonably warrant. It is agreed that where the school has acted in good faith to respond to an accident or illness to the child, any and all liability as might exist is expressly waived by the parent.

Parent's Signature

Date

Authorization to consent for treatment to a minor child

I, \_\_\_\_\_ of \_\_\_\_\_, Georgia, do hereby  
(Parent's Name) (City)  
state that I am the natural parent or legal guardian having legal custody of , \_\_\_\_\_ ,  
(Child's Name)  
who resides with me at \_\_\_\_\_.  
(Home Address)

I authorize my child's teacher or preschool director at Harmony Grove Weekday Preschool, Lilburn, Georgia, to consent to x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general or specific supervision and advice of a physician or surgeon licensed to practice medicine in the state of Georgia, when the need for such treatment is immediate, and when efforts to contact the parents or legal guardian are unsuccessful. This authorization applies only during the hours my child is attending Harmony Grove Weekday Preschool. If such a situation should arise, I understand medical care as the situation may reasonably warrant will be secured.

Parent's Signature

Date

Permission for use of photograph

Harmony Grove Weekday Preschool has my permission to use my child's photograph in a news release or in advertising for the preschool.

Parent's Signature

Date

Financial Policy

I have read the Harmony Grove Weekday Preschool's financial policies in the Parent Handbook. I understand that should I need to remove my child from the program, I must give one month's notice in writing or pay one month's tuition. I also understand that tuition must be paid even if the child is absent. If withdrawal is in May, tuition must be paid regardless of notice.

Parent's Signature

Date