



**AHYAH ACADEMY LEARNING CENTER
VEHICLE EMERGENCY MEDICAL
INFORMATION**

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____ Home Phone Number _____

Work Phone Number _____ Cell Phone Number _____

Mother's Name _____ Home Phone Number _____

Work Phone Number _____ Cell Phone Number _____

Person to notify in case of an emergency when parents cannot be reached:

Name _____ Phone Number _____

Child's Doctor _____ Phone Number _____

Medical Facility the Center uses _____

Address _____

Child's Allergies _____

Current prescribed medication _____

Child's special medical needs and conditions _____

In the event of an emergency involving my child, and if Ahayah Academy Learning Center _____
Facility name
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. Child's Name _____

Printed name of Parent/Guardian _____

Signature of Parent/Guardian _____

Witnessed by _____ Date _____