



## ***Emergency Medical Form***

Childs Name:	Date Enrolled:	Updated:
Home Address:	State/Zip:	Date Disenrolled:
Phone:	Date of Birth:	Sex:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:

Name:	Phone Number:
Name:	Phone Number:
Name:	Phone Number:

If Medical care is necessary, call:

Health Care Provider	Name:	Phone Number:
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I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his or her health and safety.

The following individuals may NOT remove my child from the facility:

Name:
Name:

### **Medical information**

Allergic to food or other substances? If yes, describe symptoms, name of substances to be avoided, and the procedure to follow if reaction occurs:
Susceptible to infections and if so, what precautions need to be taken? If yes, list precautions:
Subject to convulsions? If yes specify procedure:
Any Physical condition that we should be aware of (Heart trouble, hearing impairment, diabetes etc.)? If yes, list:



I, \_\_\_\_\_, the legal guardian of \_\_\_\_\_ agree that all information provided on the emergency medical form is accurate and hereby agree to provide any changes to Little Fundamentals as they arise.

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Legal Guardian Printed Name

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Legal Guardian Signature

Date

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Little Fundamentals Representative Signature

Date