



**EMERGENCY CARD - CONFIDENTIAL**  
PLEASE PRINT ALL INFORMATION

STUDENT NAME \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT #1/GUARDIAN#1 \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PARENT #2/GUARDIAN #2 \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

Health Insurance Information:

Health Plan/Group Name \_\_\_\_\_ Policy No: \_\_\_\_\_

Physician/Health Care Provider \_\_\_\_\_ Phone: \_\_\_\_\_

MEDICAL PROBLEMS: \_\_\_\_\_

ALLERGIES \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

EMERGENCY CONTACT 1: NAME \_\_\_\_\_

PHONE# : \_\_\_\_\_

EMERGENCY CONTACT 2: NAME \_\_\_\_\_

PHONE# \_\_\_\_\_

I give permission to Learning Springs Academy, Inc. to make whatever emergency measures are judged necessary for the care and protection of my child while under supervision of the school.

I understand that Learning Springs assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

In case of an emergency, I understand that my child will be transported by the local emergency unit or to the nearest hospital for treatment if the local emergency resource deems it necessary. My child will be transported at the expense of the parents.

It is understood that in some medical situations the staff will need to contact the local emergency resource before the parent and or other adult acting on the parent's behalf.

Parent/Guardian # 1 Printed Name / Signature/Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent/Guardian #2 Printed NameSignature/Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Director's Printed Name/Signature/Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_