

Emergency Medical / Transportation Agreement

❖ CHILD'S EMERGENCY MEDICAL INFORMATION

First Name: _____ Last Name: _____ Name to be called: _____

Date of Birth: ____/____/____ Age: ____ Gender: [] Male [] Female Last 4 of Social: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Child's Physician: _____ Phone: (____) _____ - _____

Name of Medical Facility To Be Used: _____ Address: _____

List any existing medical conditions, medication and/or special attention your child may require/Allergies:

Persons to contact in the case of an emergency when parent or guardian cannot be reached:

Name: _____ Home Phone: (____) _____ - _____ Relation To Child: _____

In the event of an emergency involving my child, (child's name) _____
Suffer an injury or illness while in the care of **Future Scholars & friends Academy** and the facility IS UNABLE to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (WE) shall assume responsibility for payment for services.

❖ PARENTS OR GUARDIAN'S: NOTICE OF NO LIABILITY INSURANCE AND ACKNOWLEDGEMENT

I understand that I am being informed in writing by signing this acknowledgement that this facility **Future Scholars & friends Academy** does not carry liability insurance sufficient to protect my children in the event of an injury, etc.

Parents or Guardian's (Signature) ____/____/____
Date _____
Parents or Guardian's (Print)

Center Director's (Signature) ____/____/____
Date _____
Center Director's (Print)

❖ CHILD'S TRANSPORTATION AGREEMENT

This is to certify that I give **Future Scholars & friends Academy** Permission to transport my child _____

From (Pickup Location) _____ at _____ (am/pm). To (Delivery Location) _____ at _____

(am/pm). My child will be transported From (Pickup Location) _____ at _____ (am/pm).

To (Delivery Location) _____ at _____ (am/pm). The _____ (School) is approximately

_____ miles from the center. On the following days: [] Monday [] Tuesday [] Wednesday [] Thursday [] Friday

Future Scholars & friends Academy is authorized to receive my child. In the event the authorized person is not present to receive my child, the following procedures are to be followed: _____

In the event that my child is not to be transported as outlined above, I agree to notify the **Future Scholars & friends Academy**. If my child **doesn't** attend school that day it is my responsibility to notify the facility.

Parents or Guardian's (Signature) ____/____/____
Date _____
Parents or Guardian's (Print)

White-Office Copy

Yellow-Classroom Copy

Pink-Parent Copy