




# La O'wn Academy

## TRANSPORTATION EMERGENCY INFORMATION

I hereby give permission for my child to be transported for field trips that will be taken periodically as part of our overall Educational Program. All children attending field trips must be four (4) years old or older.

### EMERGENCY RELEASE

Should my child become ill or suffer an accident:


 I, \_\_\_\_\_ (Print Parent or Legal Guardian Name), hereby authorize La O'wn Academy to administer, call for, or secure the necessary emergency care or medical attention as may be deemed necessary by La O'wn Academy. I understand that an effort will be made to contact me or my designate(s), if possible, before any action will be taken. I also understand that any expense incurred will be accepted by me.

Additional comments (food/drug allergies, reactions, medications):



\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

### PERSONAL INFORMATION

CHILD'S NAME:	HOME PHONE:
ADDRESS:	
BIRTH DATE:	Date of Birth
 PHYSICIAN'S NAME:	PHYSICIAN'S PHONE:

### AUTHORIZED EMERGENCY INFORMATION

PARENT:	
	CELL PHONE:
HOME PHONE:	WORK PHONE:
PARENT:	
	CELL PHONE:
HOME PHONE:	WORK PHONE:
 OTHER AUTHORIZED NAME:	RELATIONSHIP:
HOME PHONE:	WORK PHONE:
 OTHER AUTHORIZED NAME:	RELATIONSHIP:
HOME PHONE:	WORK PHONE:

### EMERGENCY MEDICAL FACILITY

Scottish Rite Hospital 1001 Johnson Ferry Road 404-785-5252

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by

\_\_\_\_\_  
Date