



Emergency Medical/ Transportation/medical procedure:

Child's Full Name _____ Date Of Birth ____/____/____ Gender _____

Child's Home Address _____ Home Phone _____

Person to notify in an emergency if parents cannot be reached:

Name _____ Phone _____

Medical Facility the Center uses: **Piedmont Henry Hospital** Phone: **(678) 604-1000**
Address: **1133 Eagles Landing Pkwy, Stockbridge, GA 30281**

Child's Doctor _____ Phone _____

Child's Allergies:

Actions Taken:

Child's special needs and conditions:

Ivywood Academy emergency transportation/medical procedure:

1. Call emergency medical team, if necessary
2. Call parent/guardian
3. Call alternate emergency contact, if necessary
4. Emergency medical team transports child to hospital, if necessary
5. Ivywood Academy representative will accompany child to hospital

I, _____, give permission for Ivywood Academy to seek medical attention and /or transport my child _____, in the event of any emergency if I cannot be reached. I further agree to hold harmless and release Ivywood Academy from all liability. I further agree to keep the facility informed of any changes in the information above.

Parent/Guardian's Signature _____ Date _____

Administrator's Signature _____ Date _____