

Emergency Medical Information

Georgia Schools

Child's Name _____

Date of Birth _____

Home Address _____

Home Phone _____

Father's Name _____

Father's Cell _____

Father's Workplace _____

Work Phone _____

Mother's Name _____

Mother's Cell _____

Mother's Workplace _____

Work Phone _____

Email Address _____

Child's Physician _____

Office Phone _____

Physicians Address _____

Special Needs or Allergies _____

☐ Entered into Beekeeper

Daily Prescribed Medication _____

☐ Medical Authorization for Prescription and Non-Prescription Medication for completed.

Emergency Medical Facility: ☐ **Emory Johns Creek Hospital** ☐ **South Georgia Medical Center**
6325 Hospital Parkway 2501 N Patterson Street
Johns Creek, GA 30097 Valdosta, GA 31602
(678) 474-7000 (229) 433-1000

In the event of an emergency involving my child, and if O2B Kids cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for any medical expenses incurred during the treatment of my child.

Signature of Parent/Guardian

Date

