

Legacy Learning Academy

Emergency Form

All blanks must be completed. Write N/A or None where applicable

Child's Name (First) _____ (Middle) _____ (Last) _____

Nick Name _____ Age _____ Birth Date _____

Home Address _____ City _____ Zip Code _____

Home Phone _____

Mother's (Guardian) Name _____

Address (If different from above) _____

Place of Employment _____

Business Telephone _____ Cell _____

Mother's e-mail address _____

Father's (Guardian) Name _____

Address (If different from above) _____

Place of Employment _____

Business Telephone _____ Cell _____

Father's e-mail address _____

Physician's Name _____ Telephone _____

Emergency Hospital Preference _____

Emergency Contacts

Please provide COMPLETE information for three Emergency Contacts. Two contacts must have different address than home address.

1. Name _____
Address _____
Home Telephone _____ Cell Phone _____
Work Phone _____

2. Name _____
Address _____
Home Telephone _____ Cell Phone _____
Work Phone _____

3. Name _____
Address _____
Home Telephone _____ Cell Phone _____
Work Phone _____

List persons AUTHORIZED to pick up child:

- (1) _____ (3) _____
(2) _____ (4) _____

Any additional information the school needs to know (allergies, dietary needs, medical conditions, etc.)

Parent/Guardian's Signature

Date