

The Learning Bridge Vehicle Emergency Medical Information

Child's name _____ Date of Birth _____

Address _____

Father / Legal Guardian's Name _____

Home Phone _____ Work Phone _____

Mother / Legal Guardian's Name _____

Home Phone _____ Work Phone _____

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

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility Learning Bridge uses – Northside at Forsyth

Child's allergies _____

Current medications [prescribed and OTC] _____

Child's special needs or medical conditions _____

Authorized pick-up list:

	Name	Phone Number
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____