

EINSTEIN ACADEMY, LLC
EMERGENCY MEDICAL/DENTAL CONSENT FORM

I, _____ (Mother, Father or Guardian)

of _____, age _____, do hereby give my permission and such emergency medical or dental care and/or treatment as my above named child might require while under Einstein Academy, LLC's supervision. Center team members may take steps including any or all of the following if they believe an emergency situation exists:

1. Call an ambulance and have the child taken to the emergency unit of a hospital.
2. Call the child's physician or dentist.
3. Call another physician or dentist.

In the case of emergency, every effort will be made to notify parents and to contact the child's physician or dentist immediately. If it is necessary to transport or to have the child transported to a hospital, we will take the child to the nearest hospital or to the child's physician or parent. I agree to pay all of the costs and fees for any emergency medical care or treatment for my child as secured or authorized under this consent.

Date Signature of Parent or Guardian

The following will be called in case of an emergency:

1. Child's physician: Name _____ Address _____
Phone _____

2. Child's dentist: Name _____ Address _____
Phone _____

3. Child's Hospital: Name _____ Address _____
Phone _____

Guardian or
4. Mother's Name _____ Phone(day) _____ (ev) _____

Guardian or
5. Father's Name _____ Phone(day) _____ (ev) _____

6. Relatives or friends who may be contacted for assistance or information in case of emergency. (Should also be listed on the pick-up permission form)

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

7. Medical Insurance Carrier: _____

8. Allergies, medication, or other conditions pertinent to emergency care:

9. Medical Conditions: _____