Clear Form

ACADEMY LLC
Abundant Blessings Childcare
936-448-ABCD (2223)

EVACUATION INFORMATION
(Must have one for every child in center)

Child's Name:_____ Date of Birth:_____

Address:_____

Father's Name:_____ HM. PH_____WK. PH_____

Mother's Name:_____ HM. PH_____WK. PH_____

In an emergency and the Parents cannot be reached:

Name:_____ HM. PH_____WK. PH_____
Relationship:_____

Name:_____ HM. PH_____WK. PH_____
Relationship:_____

Child's
Doctor:_____Phone:_____

Medical Facility the Center Uses: **Conroe Regional Medical Center** Phone: **936-539-1111**
Address**: 501 Medical Center Blvd. Conroe, TX 77304**

Child's Allergies:_____

Current Prescribed Medication's:_____

Child's Special Medical Needs and Conditions:_____

In the event of an emergency involving my child, and if ABC ACADEMY cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child and to hold harmless and release ABC ACADEMY from all liability.

Parent Signature:_____ **Date:**_____