



5480 Bells Ferry Rd.  
 Acworth GA 30102  
 770-926-4937  
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**QUALITY™  
 RATED  
 CHILD CARE**

**VEHICLE EMERGENCY MEDICAL INFORMATION**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person to notify in an emergency and parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Current prescribed medication \_\_\_\_\_

Child's special needs and conditions \_\_\_\_\_

**KIDS HAVEN LEARNING CENTER uses Kennestone Hospital located at  
 3950 Campbell Hill Road  
 Marietta, GA 30001  
 (770) 793-5000**

In the event of an emergency involving my child, and if Kids Haven Learning Center 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.

Child's Name \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_

Witness By \_\_\_\_\_ Date \_\_\_\_\_