

A.J.'s Angels Learning and Enrichment Center

Emergency Release Information

I hereby give my consent to any emergency facility and Physician to administer necessary treatment to my Child.

Name of Child _____

In the event of an emergency at which time I can not be reached I give consent to transport by ambulance if situation warrants it..

Family Physician's Name _____

Phone Number _____

Allergies: _____

Date of last DTP or Tetanus: _____

Insurance Company Covering Child: _____

Card Number: _____ Expiration Date: _____

Signature of Parent or Guardian _____

Date _____

State of _____

County of _____

On the _____ day of _____, 20____, before me came _____, to me know to be the individual described in and who executed the foregoing instrument and acknowledge that he executed the same.

Notary Public _____