

Sandy's Sandbox Childcare & Learning Center, Inc.  
2771 Lanier Heights Rd, Macon, GA 31217  
478.745.6006

### Emergency Medical Information

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

Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special medical needs and conditions:

\_\_\_\_\_

\_\_\_\_\_

Current prescribed medications the child is required to take on a daily basis for a chronic condition:

\_\_\_\_\_

\_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact when parents cannot be reached:

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

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

Sandy's Sandbox Child Care & Learning Center, Inc. uses:

The Coliseum Medical Center

305 Hospital Drive

Macon, GA

(478) 765-7000

Sandy's Sandbox Childcare & Learning Center, Inc. agrees to keep me informed of any incidents requiring professional medical attention involving my child.

In the event of an emergency involving my child, and if Sandy's Sandbox Childcare & Learning Center, Inc. cannot get in touch with me, I hereby authorize any needed emergency care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_