Medical Emergency Permission Slip
2019-2020

Child's Name: _____

I grant permission for the staff of Genesis Early Learning Academy to seek medical assistance for the above named child. In the event of an emergency, paramedics will be called and they will make the determination as to what hospital to use. Parents and/or the emergency contact listed on the back will be notified

Parent / Guardian's Signature: _____

Date: _____

Home telephone # including area code: _____

Emergency telephone # including area code: _____

Work telephone # including area code: _____

Please list below the names and telephone numbers of four emergency contact people that we can call if we are unable to get in touch with you or your spouse.
Name / Relationship / Phone #

1.
_____

2.
_____

3.
_____

4.
_____