



Little One's World Academy

711 Greesboro Rd.
High Point NC, 27260
Tel: 336-889-9050

Emergency Information Card

Child's Name: _____ DOB _____

Mother/Guardian Name: _____ Home Phone _____
Work Phone _____

Father/Guardian Name: _____ Home Phone _____
Work Phone _____

Hospital Preference: _____

Child's Physician: _____ Phone # _____

Insurance Carrier: _____ Policy # _____

If neither mother nor father (or guardian) cannot be contacted, please call:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Parents Signature

Date