



West Cobb Prep Academy
Vehicle Emergency Transportation Information

Child's Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Mother's Name _____ Cell _____

Home Phone _____ Work Phone _____

Father's Name _____ Cell _____

Home Phone _____ Work Phone _____

Whom does the child reside with? _____

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

Name _____ Cell _____

Home Phone _____ Work Phone _____

Child's Physician _____ Phone _____

Child allergies _____

Child's prescribed medications _____

Child's special needs or medical conditions _____

The medical facility the school uses is Cobb General Hospital.

In the event of an emergency and the parents cannot be reached, I hereby authorize any needed medical care and transportation of my child to a medical facility or evacuation location in the event the building must be evacuated. I further agree to be responsible for all medical expenses incurred during treatment of my child.

Signature of Parent or Guardian Date

Witnessed by Date