



OPA I _____
1890 MARS HILL ROAD
WATKINSVILLE, GA 30677
(706) 769-KIDS (5437)

OPA II _____
1420 GREENSBORO HIGHWAY
WATKINSVILLE, GA 30677
(706) 769-CARE (2273)

VEHICLE EMERGENCY MEDICAL INFORMATION

Child's Name _____ Date of Birth _____

Address _____
(Street) (City) (State) (Zip Code)

Home Telephone _____

Mother's Name _____ Father's Name _____

Home Telephone _____ Home Telephone _____

Work Telephone _____ Work Telephone _____

Cell Telephone _____ Cell Telephone _____

In an emergency and parents cannot be reached, contact:

Name _____ Telephone _____

Child's Doctor _____ Telephone _____

Medical facility/hospital parents prefer _____

Address of medical facility _____

Child's Allergies _____

Current Prescribed Medication _____

Child's Special Medical Needs and Conditions _____

In the event of an emergency involving my(our) child, and if Oconee Preschool Academy, Inc. cannot get in touch with me(us), I(we) hereby authorize any needed emergency medical care. I(we) further agree to be fully responsible for all medical expenses incurred during the treatment of my(our) child.

Child's Name _____ Date _____

Parent or Guardian _____ Parent or Guardian _____

Director/Assistant Director _____ Date _____