



"Excellence in Education & Caring"

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)

EMERGENCY MEDICAL AUTHORIZATION

Should my/our child _____, _____ suffer an injury
Child's Name Date of Birth

or illness while in the care of Oconee Preschool Academy, Inc. and the facility is unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for my/our child as may be necessary. I/We shall assume responsibility for payment of any medical service.

I/We agree to keep the facility informed of changes in telephone numbers, etc. where I/we can be reached.

Oconee Preschool Academy agrees to keep me/us informed of any incidents requiring professional medical attention involving my/our child.

Child's primary source of health care is:

Physician or Clinic Name Telephone Number

Known medical conditions (i.e., diabetic, asthmatic, drug/food/bee sting allergies, etc.)

Parent's Primary Health Insurance Company Policy Number

Signed _____ Date _____
Parent/Legal Guardian

Telephone(s) _____

Signed _____ Date _____
Parent/Legal Guardian

Telephone(s) _____