



Kids Time Academy  
9562 Bells Ferry Road  
Canton, GA 30144

### Vehicle Emergency Medical Information

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Father's Name  
\_\_\_\_\_

Mother's Name  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Person to notify in an emergency if parents cannot be reached:

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical facility used by KTA is Northside Cherokee located at 201 Hospital Rd Canton 30114

Child's Allergies  
\_\_\_\_\_

Current Prescribed Medications:  
\_\_\_\_\_

Child's Special Needs/Conditions \_\_\_\_\_  
\_\_\_\_\_

In the event of an emergency involved my child, and if KTA cannot get in touch with me, I hereby authorize any needed medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Parent/Guardian Signature

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Witnessed by \_\_\_\_\_ Date \_\_\_\_\_