



Ann & Nate Levine Academy Emergency Information

Child's Name _____ Birth Date _____

Address _____ Zip Code _____

E-mail Address _____ Home Phone _____

Parent Name _____

Mobile Phone/Pager _____ Business Phone _____

Parent Name _____

Mobile Phone/Pager _____ Business Phone _____

PERSONS TO BE CALLED IN CASE OF EMERGENCY:

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

The above people are authorized to pick my child up if I can not be reached by the school in case of an emergency. It is required by the Texas Department of Family & Protective Services that the persons listed on the Emergency Card must have their address, phone number and relationship to the child listed. In the event of an emergency which affects the health of a student, I, the undersigned, do hereby authorize officials of Ann & Nate Levine Academy to directly contact the persons named on this card, and if neither parent nor guardian can be contacted, I authorize the named physician to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that neither parent nor guardian nor doctor nor any of these people can be reached, I hereby give the personnel of Ann & Nate Levine Academy, Dallas, permission to make arrangements for emergency medical attention, to transport the student to an accredited facility for diagnosis and treatment and to authorize the administration of medication as necessary. I request and authorize physicians, dentists, and staff of the accredited medical facility to perform any diagnostic procedures, treatment procedures, x-ray treatments, and administration of anesthetics as may be necessary in the diagnosis and treatment of above minor student. I understand that I have not been given a guarantee as to the results of examination or treatment. I agree to pay for the services rendered and expenses incurred pursuant to this authorization. Further, I will not hold the Officers, Directors, Administrators, Teachers, Personnel, or Employees of Ann & Nate Levine Academy, Dallas, financially responsible for the emergency care and/or transportation for said child. The Authority granted herein will expire at the conclusion of the 2010-2011 program.

Signature of Parent/Guardian

State of Texas, County of _____

Acknowledged before me this _____ day of _____, 20 _____

Parent's Name

Notary Public, State of Texas

My Commission Expires