

GSA Emergency Card 

Child's Name: _____ **Birth Date:** _____

PARENTS/GUARDIANS

Name: _____ **Relationship:** _____

Work Address: _____ **Work Phone:** _____

Cell Phone: _____ **Home Phone:** _____

Email: _____

Name: _____ **Relationship:** _____

Work Address: _____ **Work Phone:** _____

Cell Phone: _____ **Home Phone:** _____

Email: _____

EMERGENCY CONTACTS (OTHER THAN PARENTS)

1.) **Name:** _____ **Relationship to Child:** _____

Work Phone: _____ **Home Phone:** _____

Cell Phone: _____

2.) **Name:** _____ **Relationship to Child:** _____

Work Phone: _____ **Home Phone:** _____

Cell Phone: _____

PHYSICIAN

Name: _____ **Address:** _____

Phone: _____

ALLERGIES & OTHER SIGNIFICANT INFORMATION:

I grant my permission for the emergency contact(s) to transport my child to and from a growing seed academy (or to be called in an emergency to pick up child). I give my permission to a growing seed academy. To make whatever emergency measures as judged necessary for the care and protection of my child while under their supervision. In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource deems it necessary.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

I give permission for my child to be transported by a growing seed academy personnel for designated extra-curricular activities. I give permission for my child to use all GSA facilities, indoors and out, and to take neighborhood walks.

DATE: _____ **SIGNATURE:** _____