



Foundation Learning Academy

7137 Queenston Blvd.

Houston, TX 77095

Phone: (281) 861 – 5677

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AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

Child's Name: _____ Date of Birth: _____

Address: _____

Mother's Name: _____ Home Phone: _____ Work Phone: _____

Father's Name: _____ Home Phone: _____ Work Phone: _____

In the event that the parents cannot be reached to make arrangements for emergency medical attention, I authorize the Facility Director or person in charge to take my child(ren) to:

Name Of Physician

Address Telephone Number

Name of Hospital

Address Telephone Number

In the event of an emergency involving my child, and if Foundation Learning Academy cannot get in touch with me, I hereby authorize any needed emergency medical care. I also agree that I will be fully responsible for all medically and related expenses incurred during the treatment of my child and release Foundation Learning Academy from all liabilities.

Signature Parent/Guardian

Date