

**Firm Foundations Learning Academy/ Daycare  
D.B.A Adams' Little Peoples Academy**

547 East Lanier Ave.  
Fayetteville, GA 30214  
770-461-6613  
Fax: 770-716-9141

▲ Date:	

**VEHICLE EMERGENCY MEDICAL INFORMATION and  
TRANSPORTATION AGREEMENT**

**CHILD INFORMATION**

Child's Name:	Nickname:		
Address:	City	State	Zip
Birth Date:	Sex: Male Female	Age:	

**PARENT/GUARDIAN INFORMATION**

Mother's Full Name	Marital Status		
Address:	City	State	Zip
Phone:	S S # - -	Work Hours:	
Employer:	Work #:	Cell #:	
Father's Full Name	Marital Status		
Address:	City	State	Zip
Phone:	S S # - -	Work Hours:	
Employer:	Work #:	Cell #:	
Custodial Parent : <input type="checkbox"/> Both <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other, please specify: _____	Does your child have ALLERGIES? <input type="checkbox"/> yes <input type="checkbox"/> no If "YES" please specify: _____		

Child's Primary Care Physician:	Phone # ( ) -
Address:	City / State Zip:

Please list persons the center may release your child to and / or notify in the event of an EMERGENCY:

Name:	Phone # ( ) -
Name:	Phone # ( ) -

**TRANSPORTATION AGREEMENT:**

I hereby authorize Adams' Little Peoples Complete Day Care to transport my child at approx. 7:20 a.m. to Elem.

at approx. 7:35 a.m. on the following days: circle all that apply M T W Th F

I hereby authorize Adams' Little Peoples Complete Day Care to transport my child from the above listed school at approx. 2:25 p.m. to Adams' Little Peoples at approx. 2:50 p.m. on the following days: circle all that apply M T W Th F

All staff members of the facility are authorized to accept my child however in the event they are not available, my child is to be returned to the original pick up location and I am to be notified immediately.

The school is approximately \_\_\_\_\_ miles from Adams' Little Peoples Complete Day Care.

**IMPORTANT NOTE:**

**I authorize Adams' Little Peoples Complete Day Care and its representatives to obtain emergency medical care for my child when I am not available.**

**I AGREE TO NOTIFY Adams' Little Peoples IN THE EVENT MY CHILD IS NOT TO BE TRANSPORTED AS OUTLINED ABOVE:**

DATE: - -

**Adams' Little Peoples Complete Day Care agrees to provide care for my child Monday through Friday between the hours of 6:00 a.m. and 6:30 p.m. January through December. The following meals are provided by the center at no extra charge to the parent / guardian: AM Snack LUNCH PM Snack**

**Before any medication can be dispensed to my child I will provide written authorization which will include: Name of child / date / name of medication / prescription # if applicable / dosage to be dispensed / dates & times to be dispensed. I understand Adams' Little Peoples Complete Day Care only dispenses medication at 11:00 a.m. & 3:00 p.m. and DOES NOT DISPENSE MEDICATION PRESCRIBED FOR TWICE A DAY.**

**STATE REGULATIONS REQUIRE ALL CHILDREN TO BE ESCORTED IN & OUT OF THE CENTER BY AN ADULT. No Exceptions**

Adams' Little Peoples agrees to keep me informed of any incidents, illnesses, injuries, adverse reactions to medications etc., regarding my child.

I acknowledge it is my responsibility to keep my child's record current to reflect any significant changes as they occur, e.g., phone numbers / work location / emergency contacts / child's physician / child's health status / infant feeding plans and immunization certificates.

Written authorization is required by me before my child can participate in routine transportation, field trips, special activities away from the facility and water related activities occurring in water more than 2 feet deep.

**I authorize Adams' Little Peoples Complete Day Care and it's representatives to obtain emergency medical care for my child when I am not available.**

**I have read, understand and agree to abide by the policies and procedures set forth by Adams' Little Peoples Complete Day Care.**

Signature of Parent/Guardian

Date