

Parent's Night Out Enrollment & Waiver

In the event of an emergency involving my child, and McGinnis Woods Country Day School cannot reach me at the numbers below, I hereby authorize any needed emergency medical care and agree to be fully responsible for all medical expenses incurred during the treatment of my child.

In the event of an emergency, the School transports children to:

Emory Johns Creek Hospital

6325 Hospital Parkway

Johns Creek, GA 30097

(678) 474-7000

I have read and agree to the terms stated above.

Signature

Date

Contact Information

Child's Name: _____

Date of Birth: _____

Parent Name: _____

Cell Phone: _____

Parent Name: _____

Cell Phone: _____

Alternate Contact: _____

Phone: _____

Child's Allergies: _____

Daily Medication: _____

Special Instructions or Needs: _____

Parent Insurance Info:

Insurance Company: _____

Policy Number: _____

Claims Phone Number: _____