

Alphabet Academy

A Child Development Center

186 Inman Avenue
Colonia, N.J. 07067

(732) 381-8323

AFFIDAVIT

Dear Parents,

In order to comply with State regulations this form must be completed, signed, and **notarized** as soon as possible. Please return it promptly to the office with a **copy of your health insurance card attached**. When you change carriers please notify the school immediately.

In case of an emergency, I do authorize Alphabet Academy to have a licensed physician or hospital administer treatment to my child (Print Name) _____ Whereof NO responsibility of treatment, nor will treatment costs incurred be the responsibility of Alphabet Academy.

Health Insurance _____

ID # _____

Authorized Physician _____

Phone Number _____

Authorized Hospital _____

Phone Number _____

Please list any life threatening **allergies** which your child has:

1. Definition: _____

2. Body Responses: _____

3. Symptoms: _____

4. Causes: _____

5. Prevention: _____

6. Management: _____

7. Epi-Pen: _____ Yes _____ No

Signature of Parent or Guardian _____ Date _____

Notary _____

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