

Emergency center for treatment.

I certify (or declare) under penalty of perjury under the laws of the State of North Carolina

That the foregoing is true and correct.

\_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian's Signature Date

NAME OF CHILD

DATE OF BIRTH

ADDRESS

PHONE

PARENT'S NAME

FATHER'S PLACE OF EMPLOYMENT AND PHONE NUMBER

MOTHER'S PLACE OF EMPLOYMENT AND PHONE NUMBER

WHOM TO NOTIFY IN CASE OF AN EMERGENCY

1.

\_\_\_\_\_

NAME ADDRESS TELEPHONE

2.

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