



Health and Emergency Permission

Child's Full Name:		Date of Birth: / /	
Street Address:		Phone:	
City:	State:	Zip:	
Parent/Guardian:	Phone 1:	Phone 2:	
Parent/Guardian:	Phone 1:	Phone 2:	
Doctor's Name:		Phone:	
Dentist's Name:		Phone:	
Health Insurance Provider:		Phone:	

Does your child have physical problems, mental health disorders or developmental disabilities affecting participation in school activities? Yes ___ No ___
Specify: _____

Does your child have allergies or dietary preferences? (foods, medications, insects, etc.)? Yes ___ No ___
Specify: _____

Are there any special procedures required in caring for your child? Yes ___ No ___
Specify: _____

Emergency Contacts: (if parent/guardian cannot be reached)

1.	Relationship:	Phone 1:	Phone 2:
2.	Relationship:	Phone 1:	Phone 2:

Kids 'R' Kids West Frisco and Legacy West emergency medical procedure:

1. Call emergency medical team, if necessary.
2. Call parent/guardian.
3. Call alternate emergency contact, if necessary.
4. Emergency medical team transports child to hospital, if necessary.
5. Kids 'R' Kids representative will accompany child to hospital.

Hospital for Frisco: Baylor Medical Center 5601 Warren Pkwy Frisco TX 750354 (214) 407-5322

Hospital for Humble: Kingwood Medical Center 22999 US-59 N, Kingwood, TX 77339 (281) 348-8000

I, _____ give permission for Kids 'R' Kids of _____ to seek medical attention and/or transport my child _____, in the event of an emergency if I cannot be reached. I further agree to hold harmless and release Kids 'R' Kids # _____ and Kids 'R' Kids International, Inc., from all liability. I further agree to keep the facility informed of any changes in the information stated above.

Parent/Guardian Signature

_____/_____/_____
Date