KIDS **R** Kids
Learning Academies

Date Completed _____
New Form Required Annually

HEALTH AND EMERGENCY PERMISSION RECORD

Child's Name: _____ Date of Birth: _____
Address: _____ Phone: _____
Mother's Name_____ Work Number _____ Cell Number_____
Father's Name_____ Work Number _____ Cell Number _____

Child's Primary Physician/Clinic: **Medical Facility this center uses:**

Name: _____   **Center: Centennial Medical Center**

Address: _____   **Address: 12505 Lebanon Rd., Frisco, TX 75035**

Phone #: _____   **Phone #: (972) 963-3333**

Does the child have physical problems, mental health disorders, or developmental disabilities, which would limit the child's participation in the program and activities? Yes_____ No _____   If yes, please specify:
_____

Does the child have allergies? (foods, medications, insects, etc.) Yes_____ No _____   If yes, please specify:
_____

Are there any special procedures that are required in caring for the child? Yes_____ No _____   If yes, please specify:
_____

In case of an emergency, if parents cannot be reached:

Name _____ Phone #_____ Relationship_____

Name _____ Phone #_____ Relationship_____

Name _____ Phone #_____ Relationship_____

I, _____, give my permission for Kids 'R' Kids #66 to TRANSPORT and/or SEEK any needed

medical attention for my child, _____, in the event of an emergency if I cannot be reached, and to hold

harmless and release Kids 'R' Kids #66 and Kids 'R' International, Inc., from all liability. I further agree to keep the facility

informed of changes in telephone numbers, etc., where I can be reached.

Parent's signature: _____ Date: _____

Witness: _____ Date: _____