



Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____ Hm. Ph# _____ Wk. Ph.# _____

Mother's Name _____ Hm. Ph# _____ Wk. Ph# _____

In an emergency and parents cannot be reached:

Name _____ Hm. Phone _____ Wk. Phone _____

Address _____ Relationship _____

Name _____ Hm. Phone _____ Wk. Phone _____

Relationship _____

Child's Doctor _____ Phone# _____

Medical Facility this center uses: **Methodist Hospital** Phone #: **281-274-7000**

Address: **16655 Southwest Freeway Sugar Land, TX 77479**

Child Height: _____ Child Weight: _____ Child Allergies: _____

Current Prescribed Medication: _____

Child's Special Medical Needs and Condition: _____

In the event of an emergency involving my child, and if Kids R Kids 11TX cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expense incurred during the treatment of my child and to hold harmless and release Kids R Kids International, Inc., from all liability.

In the event of an evacuation from our school, all children will be transported to Kids R Kids #23 located at 1250 Crabb River Rd, Richmond (Greatwood). The phone number is 281-343-5437. The emergency evac. may include but not limited to natural events such as tornadoes, floods or hurricanes, health events such as medical emergencies, communicable disease outbreak, and human-caused events such as intruder with weapon, explosion, or chemical spill.

Parent or Guardian _____ Date _____

Witnessed By _____ Date _____