



The First Step to Higher Education™

Kids 'R' Kids of Prosper
130 N. Coit Road Prosper, TX 75078

HEALTH AND EMERGENCY PERMISSION RECORD

Child's Name: _____ Date of Birth: _____
Address: _____
Phone: _____

Mother's Name: _____ Father's Name: _____
Work Number: _____ Work Number: _____
Cell Number: _____ Cell Number: _____

Child's Primary Physician/Clinic: Medical Facility this center uses:
Name: _____ Center: Baylor Scott & White
Address: _____ Address: 5252 West University Drive
Phone #: _____ Phone #: 469-764-1000

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 an emergency, if parents cannot be reached:

Name _____ Phone # _____ Relationship _____
Name _____ Phone # _____ Relationship _____
Name _____ Phone # _____ Relationship _____

I, _____, give my permission for Kids 'R' Kids 68TX 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 68TX 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: _____