



HEALTH AND EMERGENCY PERMISSION RECORD

Child's Name: _____ Birth Date: _____

Mother's Name: _____ Father's Name: _____

Address: _____

Home Phone: _____ Cell Phone(s): _____

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 _____ Specify: _____

Does the child have allergies or existing illness? (foods, medications, insects, etc.)

Yes _____ No _____ Specify: _____

Are there any special procedures that are required in caring for the child?

Yes _____ No _____ Specify: _____

Has the child been hospitalized in the past 12 months or any previous serious illness or injury?

Yes _____ No _____ Specify: _____

Please list any medications your child is currently taking:

| Name of Medication | Dosage | Frequency | Reason for Medicine |
|--------------------|--------|-----------|---------------------|
| | | | |
| | | | |

Please list your emergency contacts:

| | | | | | |
|--------------------------|--|----------|--|-------|--|
| First emergency contact | | Relation | | Phone | |
| Second emergency contact | | Relation | | Phone | |
| Third emergency contact | | Relation | | Phone | |

I, _____ give my permission for Kids 'R' Kids Rosenberg TX to seek 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 Rosenberg TX 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: _____

Parent's signature _____ Date: _____

Parent's signature _____ Date: _____

Parent's signature _____ Date: _____

Doctor: *The doctor on call from the hospital, and the phone number of the hospital stated below:* Hospital center uses: OakBend Medical Center - Williams Way Hospital Campus, 22003 Southwest Fwy, Richmond, TX 77469 **Phone:** (281) 341-2000