



## EMERGENCY TRANSPORTATION AGREEMENT

The following information is required by Kids 'R' Kids annually

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1<sup>st</sup>). Parent/Guardian's: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_

2<sup>nd</sup>). Parent/Guardian's: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_

### In an Emergency and parents cannot be reached:

1<sup>st</sup>). Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_  
Relationship: \_\_\_\_\_

2<sup>nd</sup>). Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_  
Relationship: \_\_\_\_\_

I agree for my child to be transported by bus or van provided by Kids 'R' Kids #17 Learning Academy:  
**To school**  **from school**  Field trips  Emergencies

## PUBLIC SCHOOL TRANSPORTATION AGREEMENT

In the event the designated location is unable to receive children they will be returned to K'R'K #17.

Transported from Kids R Kids at \_\_\_\_\_ delivered to \_\_\_\_\_ at \_\_\_\_\_  
(School) (time) (School) (time)

Picked up from \_\_\_\_\_ at \_\_\_\_\_ delivered to Kids R Kids at \_\_\_\_\_  
(School) (time) (School) (time)

## AUTHORIZATION FOR EMERGENCY MEDICAL CARE

*I give consent for necessary emergency treatment when my child is in the care of this physician/hospital or clinic*

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give my permission for Kids 'R' Kids #17 Owner/Director or Manager to take my child to:

Name of *Hospital* or clinic:  Nearest \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of *Hospital* or clinic: \_\_\_\_\_ ++

Name of *Doctor*: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of *Doctor*: \_\_\_\_\_

Current Prescribed Medication(s): \_\_\_\_\_

Current Allergies/Medical Needs: \_\_\_\_\_

I give permission for Kids 'R' Kids #17 to seek any needed medical attention and/or transport my child in the event of an emergency if I or emergency contacts cannot be reached, and to hold harmless and release Kids R Kids #17 and Kids R Kids International, Inc., from all liability. I further agree to be fully responsible for all medical expenses incurred during treatment of my child and keep the facility informed of any changes in the contact information I have provided.

### **Kids 'R' Kids #17 emergency Transportation / medical procedure:**

- 1). Contact parent 2). Call emergency medical team, if necessary. 3). Contact the person listed as an emergency contact  
4). Emergency medical team transport to nearest hospital, if necessary 5). Kids 'R' Kids representative will accompany child to hospital

**Emergency Medical facility the center uses:** Memorial Hermann Southwest Phone: (713) 456-5000

Address: 7600 Beechnut St. Houston, TX 77074

\_\_\_\_\_  
Signature parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner/Director/Manager

\_\_\_\_\_  
Date