



Distribution
• Child's File

Health and Emergency / Transportation Permission

This form must be completed for all enrolled children

Child	
Child's Full Name _____	Age _____ Gender _____ Date of Birth ____/____/____
Child's Home Address _____	
Parent/Guardian(s)	
Mother/Guardian Name _____	Phone 1: _____ Phone 2: _____
Father/Guardian Name _____	Phone 1: _____ Phone 2: _____
Medical Information	
Doctor to be contacted when parents cannot be reached:	
Name _____	Address _____ Telephone _____
Dentist: Name _____	Address _____ Telephone _____
Health Insurance Provider: Name _____	Address _____ Telephone _____
Does your child have special needs affecting participation in school activities? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____	
Does your child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____	
Actions Taken: _____	
Current Prescribed Medication: _____	
I agree for my child, _____, to be transported by Kids R Kids #8 <input type="checkbox"/> on field trips <input type="checkbox"/> for emergencies only*	

Emergency Contacts (if parent/guardian cannot be reached)			
Name:	Address:	Telephone:	Relationship:
Name:	Address:	Telephone:	Relationship:

*In the event of an emergency where we must evacuate the building, we will take the children to Cook's Pest Control located at 1830 Atkinson Rd, Lawrenceville, Ga 30043. The phone number is (770) 277 - 5470.

Kids 'R' Kids # 8 emergency transportation/medical procedure:

1. Call emergency medical team, if necessary
2. Call parent/guardian
3. Call alternate emergency contact, if necessary
4. Emergency medical team transports child to hospital, if necessary
5. Kids 'R' Kids representative will accompany child to hospital.

Emergency Medical Facility the center uses: **Gwinnett Medical Center**
Address: 1000 Medical Center Blvd NW Lawrenceville, Ga 30043 Phone: 678-312-4321

I, _____, give permission for Kids 'R' Kids #8 to seek medical attention and /or transport my child _____, in the event of any emergency if I cannot be reached. I further agree to hold harmless and release Kids 'R' Kids #8 and Kids 'R' Kids International, Inc. from all liability. I further agree to keep the facility informed of any changes in the information above.

Parent/Guardian Signature _____

Date ____/____/____



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