



<b>Distribution</b> • Child's File • Evacuation Binder • Transportation Log (School – Age Only)
-------------------------------------------------------------------------------------------------------------

## Health and Emergency Permission

Child's Full Name:		Date of Birth:    /    /	
Street Address:		Phone:	
City:	State:	Zip:	
Parent/Guardian:	Phone 1:	Phone 2:	
Parent/Guardian:	Phone 1:	Phone 2:	
Doctor's Name:		Phone:	
Dentist's Name:		Phone:	
Health Insurance Provider:		Phone:	

Does your child have physical problems, mental health disorders or developmental disabilities affecting participation in school activities? Yes \_\_\_ No \_\_\_

Specify: \_\_\_\_\_

Does your child have allergies? (foods, medications, insects, etc.)? Yes \_\_\_ No \_\_\_

Specify: \_\_\_\_\_

Are there any special procedures required in caring for your child? Yes \_\_\_ No \_\_\_

Specify: \_\_\_\_\_

**Emergency Contacts:** (if parent/guardian cannot be reached)

1.	Relationship:	Phone 1:	Phone 2:
2.	Relationship:	Phone 1:	Phone 2:

Kids 'R' Kids # 35 emergency 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.

Hospital the center uses: Kennestone Hospital

Hospital Address: 677 Church Street Marietta, GA

I, \_\_\_\_\_ give permission for Kids 'R' Kids # 35 to seek medical attention and/or transport my child \_\_\_\_\_, in the event of an emergency if I cannot be reached. I further agree to hold harmless and release Kids 'R' Kids # 35 and Kids 'R' Kids International, Inc., from all liability. I further agree to keep the facility informed of any changes in the information stated above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date