



## 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)

Name:	Relationship:	Address:	Phone 1:	Phone 2:
Name:	Relationship:	Address:	Phone 1:	Phone 2:

Kids 'R' Kids # 26 emergency medical procedure is as follows:

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: Wellstar Kennestone Hospital  
Hospital Address: 677 Church Street, Marietta, Georgia 30060; 770-793-5000

I, \_\_\_\_\_ give permission for Kids 'R' Kids #26 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 #26 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