



Health and Emergency Permission Record

Child's Name: _____ **Birth Date:** _____

Home Address: _____

Phone Number: _____

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: _____

Are there any special procedures that are required in caring for the child? **Yes** _____ **No** _____

Specify: _____

Does the child have any food allergies? (Food, medication, insects etc) **Yes** _____ **No** _____

Specify: _____

First Emergency Contact		Relation		Phone #	
Second Emergency Contact		Relation		Phone #	
Third Emergency Contact		Relation		Phone #	

I, _____ give my permission for Kids R Kids #20 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 #20TX and Kids R Kids International, 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:** _____

Kids R Kids #20TX emergency medical procedure will be:

1. Contact Parent
2. Contact person listed as emergency contact.
3. Contact emergency medical team, if necessary.
4. Have emergency medical team transport to nearest hospital.
5. Will seek medical attention from:

Doctor: *The doctor on call from the hospital, and the phone number of the hospital stated below:*

Hospital Center Uses: **Conroe Regional Medical Center, 504 Medical Center Blvd. (936)539-1111**

