

# Kid's World Medical/Emergency Release Form

In the event of an emergency or non-emergency situation requiring medical treatment, I, \_\_\_\_\_, hereby grant permission for any and all medical and/or dental attention to be administered to my child, in the event of an accidental injury or illness, until such time as I can be contacted. The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Kid's World, Inc. to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution, employ any physicians, dentists, nurses or other person whose services may be needed for such health care, review and if necessary disclose the contents of any medical records, execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical, or dental care to the child. Health care shall include, but is not limited to, the administration of first aid, the use of an ambulance, the administration of anesthesia, x-rays, examination, performance of operations, diagnostic and other procedures, under the recommendation of qualified medical personnel.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Parent Cell Phone #: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

List all Known Medical Conditions, Including Food Allergies and/or Drug Allergies:

\_\_\_\_\_  
\_\_\_\_\_

List Any and All Over-the-Counter and/or Prescription Drugs Taken Regularly:

\_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_

Phone #s: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

ID #: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

Parent/Legal Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_