

# Child Emergency Form



## Child Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Prefers: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: [ ] Male [ ] Female  
Child's Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Teacher \_\_\_\_\_ School \_\_\_\_\_ School Phone ( ) \_\_\_\_\_

## Parent/Guardian Information (Authorized to Care for Child)

### Mother / Step-Mother / Legal Guardian

(Please circle one.)

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone: ( ) \_\_\_\_\_  
Work Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_  
 Custodial Parent (Provide custody papers.)

### Father / Step-Father / Legal Guardian

(Please circle one.)

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone: ( ) \_\_\_\_\_  
Work Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_  
 Custodial Parent (Provide custody papers)

## Emergency Contacts & Authorized Pickup Persons

In case of emergency and the parents are unavailable, names of other persons who have agreed to accept responsibility for your child.

### 1<sup>st</sup> Authorized Emergency Contact

Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Alternative Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

### 2<sup>nd</sup> Authorized Emergency Contact

Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Alternative Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

## Signature

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Kid's World Medical/Emergency Release Form & Participation Waiver

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 #: \_\_\_\_\_

I, the parent/legal guardian of \_\_\_\_\_ (the child), do hereby grant permission of the child to participate in the programs offered at Kid's World, Inc.

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child, hereby consent to the participation by the child in all activities conducted by Kid's World, Inc. and to the participation of the child in all events related to said activities.

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.

The undersigned(s) hereby further authorize(s) emergency transportation by either Kid's World personnel or if necessary by ambulance or other emergency vehicle.

If there is no medical emergency, the Kid's World staff will first use reasonable efforts to contact the parent(s) and /or guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this consent form, Kid's World, Inc. shall not have the authority to withhold or withdraw life-sustaining procedures for the child.

Kid's World is well child-proofed and the children are constantly well supervised. However, accidents do happen. The undersigned(s) assume(s) all risk of injury or harm to the child associated with participation in the program and agree(s) to release, indemnify, defend and forever discharge Kid's World, Inc. and it's staff, employees, and agents of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to the child, or by the child, howsoever caused, arising or to arise by reason of or during the child's participation in the program. I further agree to indemnify Kid's World, Inc., its officers, directors, shareholders, employees, and agents, for any and all liability or claim resulting from the negligence and/or intentional actions of myself or my child or children that causes injury or harm to another person.

It is expressly acknowledged that I have contemplated all risks for the personal safety of my child or children and understand the possibility of injury by my child or children my child or children, including disability or death. Furthermore, it is expressly understood that I assume the duty to supervise my child or children while participating in the activities at Kid's World, Inc. or while at the premises of Kid's World, Inc.

By signature below I acknowledge that we have read, agree, and understand the provisions stated above:

## Signature

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_