



Emergency Contact Child Release Form

CHILD'S NAME _____	DATE OF BIRTH _____
ADDRESS _____	SCHOOL: _____
PARENT/GUARDIAN _____	HOME PHONE _____ CELLPHONE _____
EMPLOYER _____	E-MAIL _____ WORKPHONE _____
PARENT/GUARDIAN _____	HOME PHONE _____ CELLPHONE _____
EMPLOYER _____	E-MAIL _____ WORKPHONE _____

PARENT IDENTIFICATION INFORMATION (2 ITEMS REQUIRED)

Code Word–OR– Question _____ Answer _____

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Note: This information will be used to verify parent identity in the event of an unauthorized pick up from the center.

List a minimum of (3) people, other than the above parent or guardian, to contact in the event of an emergency. Place names in the order you wish them contacted and provide instruction on how they may be contacted.

NAME _____ HOME PHONE _____ CELLPHONE _____
 ADDRESS _____ WORKPHONE _____
 INSTRUCTIONS _____ RELATIONSHIP TO CHILD _____

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 ADDRESS _____ WORKPHONE _____
 INSTRUCTIONS _____ RELATIONSHIP TO CHILD _____

MEDICAL RELEASE

Physician's Name _____ Phone _____

I give permission to Kids' Adventures, Inc. to take any necessary action for the health and welfare of my child during any emergency situation. This may include contacting the local emergency units prior to contacting the child's physician or parent or guardian.

In cases of a medical emergency, I understand that my child will be transported to _____ by the local emergency unit for medical treatment if the local emergency unit deems it necessary.

EMERGENCY MEDICAL INFORMATION

Drug or Allergies/Special Medication Needs _____

Chronic Diseases/Other Health Problems _____

Insurance Coverage _____

PARENT'S SIGNATURE _____ DATE _____