

Child's Physician or Source of Health Care _____ Telephone _____

Address _____
Street/Apt. # _____ City _____ State _____ Zip Code _____

Child's Dentist _____ Telephone _____

Address _____
Street/Apt. # _____ City _____ State _____ Zip Code _____

Health Insurance Provider and Policy Number: _____

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, in the event such an emergency occurs and I cannot be reached, I hereby authorize Kiddie Academy® to provide for the transportation of my child to (Name of Hospital) _____

Address: _____ Phone: _____
(or the nearest hospital) and to secure for my child all necessary medical treatment. I understand that the teachers in the child care center are trained in the basics of first aid and I authorize them to provide my child with first aid when appropriate.

Signature of Parent/Guardian

Date

SEMI-ANNUAL UPDATE (Sign if information remains the same, otherwise complete a new form)

Signature of Parent/Guardian

Date

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