

KID'S CHOICE

PORTABLE EMERGENCY INFORMATION

Child's Name: _____ Birthdate: _____
A.H.C. #: _____ Address: _____

PLACE WHERE PARENTS CAN BE REACHED

Name of Parent: _____ Name of Parent: _____
Home Phone #: _____ Home Phone #: _____
Work/School #: _____ Work/School #: _____
Cell/Pager #: _____ Cell/Pager #: _____
Address: _____ Address: _____

EMERGENCY CONTACT TO WHOM YOUR CHILD CAN BE RELEASED

Name: _____ Name: _____
Address: _____ Address: _____
Relationship: _____ Relationship: _____
Phone #: _____ Phone #: _____

HEALTH INFORMATION

Allergies: _____
Is your child's immunization up-to-date: YES NO
Is your child on any ongoing medication: YES NO
Explanation/ what dose: _____

MEDICAL TREATMENT

I give permission to Kid's Choice @ Castledowns Daycare and Afterschool to take my child to the nearest Medical Center or hospital for EMERGENCY medical treatment.

TRANSPORTATION

I give permission for my child to use the Center's transportation for areas around the Center, without special or prior notification. All other field trips will be posted and individual permission will be requested.

AUTHORIZED PERSONS TO WHOM YOUR CHILD MAY BE RELEASED:

1. _____ 2. _____
3. _____ 4. _____

Parent Signature: _____ Date: _____

**In the future if you wish to authorize additional people to pick up your child you will need to fill in another one of these forms or an Authorization for Pick Up Form.*

Updated Parent Signature: _____ Date: _____