

Emergency Release

Consent for First Aid/CPR, Emergency Medical Treatment & Transport

I hereby give permission that my child, _____, may be given Emergency First Aid and/or CPR treatment by a staff member KIDZ creative concepts, and if needed, be transported by car or ambulance to the nearest hospital (UofC) for treatment, and agree to hold KIDZ creative concepts harmless

Parent's Signature _____ Date: _____

Visits, Trips or Excursions off the Premises

I hereby request that my child, _____, be permitted to participate in field trips to the park or any other activities that would involve taking the child outside of the center for his/her benefit while in attendance at this facility. For field trips requiring Transportation and/or money, there will be a formal trip slip sent home to be signed by Parent or Legal Guardian and should be returned by the due date stated on the form.

Parent's Signature _____ Date: _____

Parent's Signature _____ Date: _____

Person(s) who are authorized to pick up the child(ren)

Primary person(s) authorized to pick up my child: Besides parents, guardians or emergency pick-up

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Secondary list of person(s) authorized to pick up my child

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Person to contact in case of an emergency if the parents cannot be located:

Name: _____ Address: _____ Phone: _____

Medical Emergency Information

Child's Physician: _____ Phone: _____

Address: _____ City: _____ State _____ Zip _____

Preferred Hospital: _____ Phone: _____

Address: _____ City: _____ State _____ Zip _____

Insurance Company: _____ Policy # _____