



**KidsArts! AUTHORIZATION AND CONSENT FORM 7.09 (3)
FIRST AID AND EMERGENCY MEDICAL CARE**

1. Child's Name: _____ **Date of Birth:** _____

2. Authorization and Release

I understand that staff in the school aged child care program is trained in the basics of first aid and I authorize them to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to

(write name of facility here).

3. Physician Information

Child's Physician Name: _____

Address: _____ Phone Number: _____

4. Child's Allergies or Conditions (if none, please write "NONE"):

Child's Allergies: _____

Chronic Health Conditions: _____

5. Emergency Contacts, in order to be contacted if we cannot reach parents:

Name: _____ **Work Phone:** _____

Relationship to Child: _____ **Home Phone:** _____

Address: _____

Name: _____ **Work Phone:** _____

Relationship to Child: _____ **Home Phone:** _____

Address: _____

Name: _____ **Work Phone:** _____

Relationship to Child: _____ **Home Phone:** _____

Address: _____

6. Health Insurance Coverage: _____ **Policy #:** _____

7. Parent/Guardian Signature: _____ **Date:** _____

Print Parent/Guardian Name: _____