



Health & Emergency Permission Record

Child's Full Name _____

Date of Birth _____ Gender _____

Does the child have physical problems, mental health disorders, or developmental disabilities, which would limit the child's participation in the program and activities? YES NO

If yes, please specify _____

Does the child have allergies? (Food, medication, insects, etc.) YES NO

If yes, please specify _____

Physician Name _____

Physician Phone Number _____

Dentist Name _____

Dentist Phone Number _____

Health Insurance Provider _____

*Emergency Contacts = should begin with 1st parent to contact

Emergency Contact #1 Name _____ Relation _____

Phone #1 _____ Phone #2 _____ Phone #3 _____

Emergency Contact #2 Name _____ Relation _____

Phone #1 _____ Phone #2 _____ Phone #3 _____

Emergency Contact #3 Name _____ Relation _____

Phone #1 _____ Phone #2 _____ Phone #3 _____

KRK IL1 emergency medical procedure will be:

1. Contact Parent/Emergency Contacts
2. Call 911 if necessary
3. Have emergency medical team transport to hospital (listed below)

*KRK IL1 representative will accompany child to hospital

KRK IL 1 uses Sherman Hospital @ 1425 N Randall Road, Elgin, IL, 60123 @ 847-742-9800

I give my permission for my child to be transported to the above named hospital, if in the case of an emergency.

I give my permission for KRK IL1 to seek attention for my child in the event of an emergency if I cannot be reached, and to hold harmless and release KRK IL1 and Kids 'R' Kids International, Inc., from all liability. I further agree to keep the facility informed of changes in telephone numbers, etc., where I can be reached.

Parent's Signature _____ Date _____