

# KidsCare™

## Student Emergency Information/Emergency Release/Student "Pick-Up" Authorization Form

Directions: Please print and complete all information.

Student's Name \_\_\_\_\_ Program Location \_\_\_\_\_

### Student Identification Information

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Color of Hair \_\_\_\_\_ Color of Eyes \_\_\_\_\_

### Allergies/Special Medical/Health Concerns

Detail food allergies, medication allergies, allergies to insect bites, seizures, delayed blood clotting factor, etc.

### Parent Information/Emergency Contacts/Authorized "Pick-Up" Persons

Mother's Name \_\_\_\_\_ Home Address \_\_\_\_\_ Work Address \_\_\_\_\_

Telephones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Address \_\_\_\_\_ Work Address \_\_\_\_\_

Telephones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Family Physician \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

In case of an emergency in which the school and/or KidsCare personnel are unable to contact a parent, the following persons are authorized and have the legal authority, until the arrival of the parent(s), to act on the parents' (s) behalf. In addition, school personnel and KidsCare personnel are authorized to release the above named child into the custody of the person(s) listed below in the event a parent/guardian is unable to "pick-up" their child from the KidsCare program. It is understood that KidsCare reserves the right not to release the above named child to any other person without the proper authorization, verbal or written, by the parent/guardian. It is further understood that school and KidsCare personnel have the right to refuse release of the above mentioned child into the custody of any of the below named persons should their identity or behavior be suspect and/or questionable, and it will be the responsibility of the parent/guardian to make other emergency "pick-up" arrangements, and that any and all "Late Pick-Up" costs incurred will be assumed by and paid in full by the parent/guardian as per KidsCare payment guidelines.

Contact Person #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Contact Person #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Contact Person #3 \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

### Emergency Treatment Authorization

In case of a medical emergency, I give school and KidsCare personnel permission to render emergency first aid to my child, including the securing of pre-hospital emergency medical services.

\_\_\_\_\_ Parent/Guardian Signature **(required)**

I further approve and give permission to pre-hospital emergency medical personnel to render whatever pre-hospital emergency medical treatment is required by my child, and to transport him/her to the closest hospital or to a hospital deemed more appropriate for the type of emergency hospital treatment required by my child.

\_\_\_\_\_ Parent/Guardian Signature **(required)**

I further approve and authorize the above named emergency contact person(s) to act on my behalf, until my arrival, in approving whatever emergency medical treatment is deemed necessary by hospital personnel.

\_\_\_\_\_ Parent/Guardian Signature **(required)**

I further agree to and accept full responsibility for any and all costs involved in the rendering of pre-hospital, emergency room, and hospital services and treatment for my child.

\_\_\_\_\_ Parent/Guardian Signature **(required)**

### Medical Insurance Information

Name of Health Plan \_\_\_\_\_ Group/Plan # \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date