

(Front Side)

Emergency Card Information/Permission

Childs Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Classroom \_\_\_\_\_

Allergies/Medical Information \_\_\_\_\_

Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

I (we) give permission for the staff of Kids Rule Academy to seek medical attention for (my) child in an emergency in the event (we) cannot be reached.

Mother \_\_\_\_\_ Date \_\_\_\_\_

Father \_\_\_\_\_ Date \_\_\_\_\_

(Back Side)

Pick-Up Authorization

Child's Name \_\_\_\_\_

I hereby authorize the following people to pick up my child (including child's parents) from Kids Rule Academy from Room \_\_\_\_\_

Parent's \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

