



Kids 'R' Kids Franz Road Health and Emergency Notarized Permission Form

Child's Full Name:		Date of Birth:
Street Address:		
City:	State:	Zip Code:
Parent/Guardian:	Phone 1:	Phone 2:
Parent/Guardian:	Phone 1:	Phone 2:
Doctor's Name:		Phone #:

Does your child have physical problems, mental health disorders or developmental disabilities affecting participation in school activities? Yes No

Specify: _____

Does your child have allergies (food, medications, insects, etc.)? Yes No

Specify: _____

Are there any special procedures requiring care for your child? Yes No

Emergency Contacts: (If parents/guardians cannot be reached)

Full Name	Relationship	Phone 1:	Phone 2:
1.			
2.			

Kids 'R' Kids Franz Road Emergency Medical Procedures:

- | | |
|---|---|
| 1. Call emergency medical team, if necessary | 4. Emergency medical team transport child to hospital |
| 2. Call parent/Legal Guardian | 5. KRK Representative will accompany to hospital |
| 3. Call alternate emergency contact, if necessary | |

Hospital center Uses: **KATY HERMANN MEMORIAL HOSPITAL** Address: **23900 KATY FREEWAY, KATY, TX 77494**

Phone Number: **281-644-7000**

I give permission for Kids 'R' Kids Franz Road to seek medical attention and/or transport my child in the event of an emergency or emergency evacuation whether I can or cannot be reached. The emergency evacuation location is: **FAITH WEST ACADEMY 2225 PORTER ROAD, KATY, TX 77493**. I further agree to hold harmless and release Kids 'R' Kids Franz Road and Kids 'R' Kids Int. Inc, from all liability. I further agree to keep the facility informed of any changes in the information stated above.

Parent/Legal Guardian Signature: _____ Date: ____/____/____

Notary Signature: _____ Date: ____/____/____

Subscribed or sworn (or affirmed) before me this _____ day on _____

My commission expires: _____