

Kid Central Learning Center
EMERGENCY INFORMATION

Child's Full Name _____ **DOB** _____

Address _____ **Home Phone** _____

Parent's Name _____

Parent's Name _____

Home Address _____

Home Address _____

Employer _____

Employer _____

Work Address _____

Work Address _____

Work Hours _____

Work Hours _____

Work Phone _____

Work Phone _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

E-Mail address: _____

E-Mail address: _____

Person other than parent to be notified in as emergency situation when parents are not available:

Name: _____ **Phone:** _____

Address: _____ **Relationship to child** _____

Name(s) of person(s) other than parent to whom the child may be released:

1. _____ **Phone #** _____

Relationship to Child _____

2. _____ **Phone #** _____

Relationship to Child _____

3. _____ **Phone #** _____

Relationship to Child _____

Child's Specific Medical Information:

Allergies: _____

Medications _____ **Frequency** _____

Other _____

Physician _____ **Phone** _____

Address _____ **Office Hours:** _____

Hospital preferred for emergency treatment _____

Address _____ **Phone** _____

Dentist _____ **Address** _____ **Phone** _____

Health Insurance Company: _____ **Policy #** _____

Childs Name _____ **Birthday** _____

Medical release

In case of serious illness or injury when neither parent can be reached, will you allow your child to be transported to the doctor or hospital by an employee of Kid Central, LLC? _____ Yes _____ No

I hereby give permission to the employed staff at Kid Central, LLC to secure emergency medical and/or surgical treatment for the above named minor child while in the care of the above named school. All expenses of such care will be accepted by the parents/guardian.

Health History
(Chronic or Recurring)

Ear Infections _____
Diabetes _____
Heart Disease/defect _____
Convulsion/Seizure _____
Asthma _____
Nosebleeds _____
Migraines _____
Other _____

Allergies

Hay Fever _____
Insect Stings _____
Penicillin _____
Other Drugs _____
Animals _____
Food _____
Other _____

Operations or Serious Injuries _____

Current Medications _____

Physical Limitations _____

Other Concerns _____

Signature of parent or guardian

Date

Director's Signature Date

Date of Enrollment

Kid Central Learning Center
Child Health Status

Child's Name: _____ Sex: ____ DOB: _____

Address: _____

Past Illnesses: Check those the child has had and give approximate dates.

Chicken Pox _____	Mumps _____
Rheumatic Fever _____	Poliomyelitis _____
Diabetes _____	Rubella _____
Whooping Cough _____	Hay Fever _____
Epilepsy _____	Asthma _____
Other _____	

Comments: _____

Surgery/Accidents/Illnesses/Chronic Health Problems: _____

Describe any physical condition requiring the facility's special attention: _____

Medication(s) prescribed: _____

Allergies: _____

Prescribed routine: _____

If tuberculin test given: Date _____ Result _____

If chest x-ray taken: Date _____ Result _____

Vision _____ Hearing _____

Please record immunizations and dates administered on the Colorado Department of Health Certificate of Immunization and attach to this form.

Date of my most recent examination of the child: _____

Signature of licensed physician or other health care professional

Date

Please print: _____
Name of Physician/Health Care Professional

Address: _____

****A current copy of the child's immunizations on State of Colorado approved form must be attached.****

Name of Child: _____ Date: _____

Childs Name _____ Birthdate _____

SUNSCREEN/BUG SPRAY PERMISSION

The staff at Kid Central will assist your child with applying sunscreen to bare surfaces including the face, tops of ears and bare shoulders, arms, legs and feet 15-30 minutes before outdoor activities at regular intervals throughout the day. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian. It is the parent's responsibility to provide sunscreen with a minimum SPF of 15 and to apply sunscreen prior to the child's arrival to Kid Central early Learning Center.

___ In the event that my child's sunscreen is not readily available, my child may use the sunscreen provided by the school.

___ I do not want my child to use any other sunscreen other than the one he or she brings.

___ In the event that we have a problem with bugs KC staff may put "Off" bug spray on my child.

___ I give Kid Central Staff Permission to help apply Sunscreen.

MOVIE PERMISSION

My child may watch the following rated movies during group movie times. Movies will be on rare occasions such as a rainy day when we cannot participate in outdoor activities.

___ G (At movie time we will always have one movie room with a G movie)

___ PG (Our second movie room will have G or PG)

___ PG-13 (Older groups may have this option if the movie has been screened by staff and deemed suitable for the age Group..)

FIELD TRIP/TRANSPORTATION PERMISSION

I give permission for my child to participate in Kid Central pre-planned field trips and transportation to and from school and before and after school activities.

All field trips will be announced ahead of time and all children will ride in Kid Central vans/cars in seat belts. If your child needs a booster seat you must provide one on all days your child will be transported by Kid Central.

Lotion

___ If needed I give Kid Central Staff permission to use St. Ives Lotion for dry, rough, or red skin.

___ Aquaphor for extreme dry skin and for dry lips.

Signature of Parent/Guardian

Date