

**Emergency Information:**



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

Birthdate \_\_\_\_\_ Enrollment Date \_\_\_\_\_

Child's home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Child lives with: both parents \_\_\_\_\_ mother only \_\_\_\_\_ father only \_\_\_\_\_

Shared/split residence \_\_\_\_\_ Other \_\_\_\_\_

Please explain if shared or other is checked: \_\_\_\_\_

*Parent/Guardian Information:*

Mother's name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/pager \_\_\_\_\_

Father's name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/pager \_\_\_\_\_

Legal Custody: both parents \_\_\_\_\_ mother \_\_\_\_\_ father \_\_\_\_\_ other \_\_\_\_\_

If parents have joint custody, either parent may pick up the child/ren at any time. If an individual has sole legal custody, his/her written permission is needed for anyone, including a non-custodial parent, to pick up the child/ren. KCC will need a copy of the legal and binding custody agreement on file.

I hereby give permission to the following persons to pick up my child at any time without additional authorization. The following may be called in an emergency, when the parents or guardian cannot be reached. They have permission to remove the above named child from the center if necessary.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/pager \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/pager \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/pager \_\_\_\_\_

*Healthcare provider information:*

Kuhl Corner Campus, LLC has my permission to call my child's physician:

Physician name \_\_\_\_\_ Phone \_\_\_\_\_

I give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately. I understand that the nearest hospital will be utilized, depending on where the emergency occurs.

Hospital choice \_\_\_\_\_ City \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_