

I hereby authorize The Kid Connection to allow my child to leave the facility ONLY with

Name/Relationship Phone# _____

Name/Relationship Phone# _____

Name/Relationship Phone# _____

Does your child have any special educational or medical needs (IEP, ADD, ADHD)?

Yes ___ NO ___ If yes Explain _____

List any special problems that your child may have, such as allergies, existing illnesses or food allergies. Please also list any previous serious illness, and injuries that have occurred during the past 12 months. List any medication prescribed for long-term continual use, and any other information that the Kid Connection staff should be aware of.

Authorization For Emergency Medical Attention

In the event that we cannot be reached at a time of illness or accident, or the emergency is such that time does not permit contact, we authorize the Director of the After School Program or another staff member of The Grace Place Community Church to take the child to:

Child's Physician	Address	Dr. Office Phone Number

Medical Insurance Company _____ Phone: _____

Name of Insured _____ Group# _____

Name of person to call in case of an emergency if parents/guardian cannot be reached

Name/Relationship Home# Cell# Other#

Name/Relationship Home# Cell# Other#

Name/Relationship Home# Cell# Other#

"To the best of my knowledge my child is physically and emotionally able to take part in the Aftercare program. I

have reviewed this form, Financial Agreement, and the Parent Center Agreement. I certify that all appropriate medical information is included. I also certify that I fully understand and will comply with all Aftercare policies. I also give my permission for the use of photographs/videos including my child to be used in future aftercare publicity."

Parent/Guardian

Signature (required)

Date
