



19814 Keith Harrow Blvd
 Katy, Texas 77449
 (281) 859-7300
 (281) 859-5943 fax

Health and Transportation Update

Name: _____ DOB: _____
 Address: _____ City: _____ Zip: _____
 Email Address: _____ Home Phone: _____
 Father's Name: _____ Mother's Name: _____
 Father's Work#: _____ Mother's Work#: _____
 Father's Cell#: _____ Mother's Cell#: _____

Emergency Contacts:

Name	Address	Number	Relation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Transportation: I hereby give do not give -Consent for my child to be transported and supervised by the operation's employees: For Emergency Care On Field Trips
 (Texas Children's Hospital 18200 Katy Freeway) School: _____ A.M P.M.

Water Activities: I hereby give do not give -my consent for my child to participate in water activities.
 Sprinkler Play Splashing/Wading pools Water table play

Release: I hereby give do not give permission to Kids R Kids #24 KATY TX, to photograph or video record pictures of my child and use them in any special projects and I release Kids R Kids from any liability arising from the use of these pictures

Authorization For Emergency Medical Attention:
 In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to the center's designated emergency facility. **Texas Children's Hospital, 18200 Katy Freeway, Houston, TX, 77094 (832)227-1000**

Name of Primary Physician: _____ **Address:** _____ **Phone #** _____

List any special problems your child may have, such as allergies, existing/previous illness in the past 12 months, medication, and any other information which caregiver's should be aware of:

Medical: _____

Allergies: _____

I give consent for the facility to secure any and all necessary emergency medical care for my child, and for necessary treatment when my child is in the care of a licensed Physician, Emergency Room, or Hospital. I agree to hold harmless and release Kids R Kids #24 KATY TX and Kids R Kids International, INC. from all liability. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

_____(Signature- Parent/Guardian) _____(Date)
 _____(2nd Year Signature) _____(Date)