

*Kid's Hideout - 3309 Springhill Rd., Lafayette, Ca. 94549*

CHILD'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL(S): \_\_\_\_\_

PARENT/GAURDIAN NAME(S) \_\_\_\_\_ CELL # \_\_\_\_\_ WORK # \_\_\_\_\_

**NAME(S) OF EMERGENCY CONTACT(S) AUTHORIZED TO PICK UP IF PARENT(S) CAN NOT BE REACHED:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**ADDITIONAL PEOPLE WHO ARE AUTHORIZED TO PICK UP (Not already listed above):**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT**

AS THE PARENT/AUTHORIZED REPRESENTATIVE OF (CHILD) \_\_\_\_\_, I HEARBY GIVE CONSENT TO **KID'S HIDEOUT** TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A DULY LICENSED PHYSICAIN (MD), OSTEOPATH (DO) OR DENTIST (DDS) FOR MY CHILD. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDIITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.

**MY CHILD HAS THE FOLLOWING MEDICATION ALLERGIES OR LIMITATIONS:**

\_\_\_\_\_  
\_\_\_\_\_

Physician \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital preference \_\_\_\_\_ Insurance carrier \_\_\_\_\_ Plan # \_\_\_\_\_

Dentist name \_\_\_\_\_ Phone \_\_\_\_\_

Are there any other medical/social issues that we should be made aware of: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Does your child need to take **doctor-prescribed** medicine? YES NO If yes, name: \_\_\_\_\_

(If any medication needs to be given at Hideout, please fill out the **Permissions to Administer Medicine** form. Please give form and medicine (must be in original container with instruction & label intact) directly to the teacher in charge. Please DO NOT put medicines in your child's backpack or lunch. Form MUST be on file before medicine can be administered. Hideout cannot administer over the counter medicine with out a doctor's note.)

\_\_\_\_\_  
parent/authorized representative signature \_\_\_\_\_ title \_\_\_\_\_ date \_\_\_\_\_