



# Kid's Kingdom

"Where education and security come first"

## Parent Authorization For Emergency Treatments

In consideration of admittance, I \_\_\_\_\_ (parent, guardian) hereby authorize \_\_\_\_\_ Kid's Kingdom \_\_\_\_\_ (name of school) to arrange for medical examination and/or treatment for my child \_\_\_\_\_ should an emergency arise at school or on a field trip. It is understood that an effort will be made by the school to contact me at the emergency numbers I have provided below. I would prefer to have my child, if the need arises, taken to \_\_\_\_\_ (hospital) Choice of hospital may be limited.

Child's full name \_\_\_\_\_  
Child's date of birth \_\_\_\_\_ Any allergies \_\_\_\_\_  
Any special needs \_\_\_\_\_  
Date \_\_\_\_\_

First emergency contact name \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship to child \_\_\_\_\_

Relatives or other persons to be contacted in an emergency situation

Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____
Relationship to child _____	Relationship to child _____

116 Puritan Ave Cranston, Rhode Island 02920 401-464-9665