

Emergency Medical Information

In case of an accident or illness, I request the KARE program to contact me. If the program is unable to reach me or my emergency contact, I hereby authorize the program to call the physician indicated below and follow his/her instructions. If it is impossible to contact this physician, the program may make what-ever arrangements deem necessary.

Child's Name _____ Birth Date _____

Parent's Signature _____ Date _____

Remarks:

Allergies:

Other Conditions:

Local Physician's Name _____ Phone _____

Transportation Permission Form

I give my permission for _____ to ride the bus for field trips and/or transporting from one site to another.

Parent Signature _____ Date _____

Accident Waiver Slip

I understand that accidents do happen. I will not hold any KARE employee, the KARE program, or the West Central School District liable for any injuries that may occur while in the care of the KARE program.

Parent Signature _____ Date _____

Movie Permission Slip

Movies may occasionally be shown during the KARE program. To make sure that your child watches movies that are acceptable to you, please mark the appropriate space below.

My child _____, ___ may ___ may not watch PG rated movies.

Parent's signature _____ Date _____

Media Release

I understand that while my child is attending the West Central KARE program, pictures may be taken. Some pictures may be used for promotional purposes. So that we may comply with your wishes, please complete the information below.

___ I do not wish to have my child's picture and/or make used for any promotional purposes which may Include but is not limited to newspaper articles, television, or promotional advertising.

___ You may use my child's picture and/or name for any publicity or promotional advertising.

Child's name _____ Date _____

Parent Signature _____