



# Health Care Permission

Child's Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Another Authorized Person: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## Persons NOT authorized to pick up child:

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

It is required that a Court Order be on file for a natural parent not to be able to pick up a child. A copy must be on file at the school. Please submit a copy if necessary.



In the event of an emergency, I authorize MunchkinLand staff to provide any first aid or care deemed necessary for my child.

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

#### Emergency Care

In the event of an emergency in which I cannot be reached, the Child's Physician and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Health Record Transfer

In the event of an emergency, I hereby authorize the transfer of my child's health record to the local hospital.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

