



Special Kare for Special Kids Application

Application Date: _____
Child's Full Name: _____
Address: _____
Child's Age: _____ Birthdate: _____

Family Information:

****Cell Number: _____
Father's Name: _____
Address: _____
Home Phone: _____ Business Phone: _____
Employer: _____

Mother's Name: _____
Address: _____
Home Phone: _____ Business Phone: _____
Employer: _____

***If the child does not live in home of parents, please give the names of responsible adult(s) _____

Address: _____
Home Phone: _____ Business Phone: _____

***If you are unable to pick up child due to an emergency, please give the names of the persons to whom the child can be released _____

Emergency Care Information:

Child's Doctor: _____ Office Phone: _____
Office Address: _____
Child's Dentist: _____ Office Phone: _____
Office Address: _____
Hospital Preference: _____

If neither father nor mother (or caregiver) can be reached in an emergency call:

Name: _____ **Relationship to child:** _____ **Phone:** _____
Name: _____ **Relationship to child:** _____ **Phone:** _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Date: _____ **Signature of Parent: X** _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or medication without specific instructions from the physician or the child's parent, caregiver, or guardian.

Operator signature: _____
Date: _____ **Signature of Parent: X** _____