

KITE MEDICAL FORM – IMPORTANT!!

NOTE: Please fax (978-475-1422) this completed form back to us before July 23. You can also mail it to: Kaleidoscope, Box 506, Andover, MA 01810 or email it to mypopcorn2@aol.com . All sections MUST be completed. TWO SIGNATURES are required (emergency consent and pick-up authorization sections). Note the "X" where signatures are required. Forms not signed in both places will be returned. Please note: If you already completed this form for a Kaleidoscope course, you do not need to resubmit it. If there are additional people who are authorized to pick up from KITE, please let us know before the program begins. Thank you!

PLEASE COMPLETE ALL SECTIONS OF THIS FORM. If you have any medication, an epipen, inhaler or any other special item for your child, please give it to our nurse; she will have possession of these items at all times unless other arrangements have been made with you. There are additional allergy forms on our website, www.kaleidoscopekids.com.

Child's Name: _____ Child's Date of Birth: _____

Child's Name: _____ Child's Date of Birth: _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Emergency Phone Number(s) (cell) _____

(work) _____ Other contact: _____

Child(ren)'s doctor _____ Doctor's Phone Number _____

Insurance Company _____ **Insurance Policy #** _____

Please list any allergies: Child: _____ Allergy: _____

Please list any medications that your child(ren) take(s) at home: _____

Emergency Consent Form: I, the undersigned parent or legal guardian of above named child(ren) will not hold KITE, its agents, servants or employees responsible for any accidents incurred during participation in the KITE program. If parents or doctor cannot be reached in case of emergency, consent is hereby given that the student receive medical treatment and/or surgical care as recommended by physician or hospital.

X _____
Parent's Signature _____ Date _____

Pick-Up Authorization Form

★ NOTE: Parent signature *required* even if parent(s) is/are only person/people authorized to pick up child(ren).

Last Name _____

Child's Name _____ KITE

Child's Name _____ KITE

The person (people) authorized to pick up my child(ren) is (are) (**include child's parents**) _____

___ My child is in the EXTENDED DAY program.

___ My child is in a carpool with the following children: _____

X Parent signature (required) _____ Date _____

Note: If someone other than a parent/legal guardian will bring your child on the first day, please be sure to complete and sign this form in advance!