

MEDICAL FORM — IMPORTANT!!

NOTE: If you mail or fax (978-475-1422) this completed form back to us no later than June 20, we will send you a pass that will enable you to bypass the registration desk and go directly to your child's classroom. Our address is: Kaleidoscope, Box 506, Andover, MA 01810. 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 COMPLETE ALL SECTIONS OF THIS FORM. IF YOU DO NOT MAIL OR FAX IT IN ADVANCE, BRING IT WITH YOU ON THE FIRST DAY YOUR CHILD ATTENDS THE PROGRAM. 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.

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

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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 Kaleidoscope, its agents, servants or employees responsible for any accidents incurred during participation in the Kaleidoscope 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 _____

Child's Name _____

Child's Name _____

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!