

Permission to Use Child's Name & Picture

Kiddie Kollege desires to provide your child with a safe and secure environment in which to begin their learning. In order to ensure that safety we must have your permission in order to disclose any of your child's information.

Kiddie Kollege has permission to use my name, child's name, address, and phone number in their student directory.

Yes No

In the event that any media persons (i.e. Paris News, TV, etc.) should visit Kiddie Kollege, I give my permission for my child to be photographed and their name used.

Yes No

On the school's Facebook page.

Yes No

Child's Name

Parent/Guardian Signature

Date

Lamar Avenue Kiddie Kollege Medical Information

Child's Name: _____ Birthday: _____
Father: _____ Mother: _____
Doctor: _____ Phone: _____

Allergies

Medications: _____
Asthma/Hay Fever, etc. _____
Food(s) child may not eat: _____
Other: _____

Limitations - Activities the child should not engage in:

Outdoor Sports/Games: _____
Other Limitations: _____

- *Please attach a copy of your child's immunization record from his/her doctor.*
- *We must have a recent copy of your child's immunizations each year for our records (even if it's the same as the previous year).*
- *In the event that your child receives new immunizations during the school year, it is your responsibility to provide Kiddie Kollege with these updated records.*

Attention! This page must be signed before a notary public.

Emergency Medical Release

Child's Name: _____
(Print)

In the event that I cannot be reached to make arrangements for emergency medical treatment, I hereby authorize the director /staff of Lamar Avenue Church of Christ Kiddie Kollege to seek any necessary emergency medical care for my child. I will not hold Lamar Avenue Church of Christ Kiddie Kollege or any of the staff thereof responsible for any illness or accident incurred while my child is in their care.

Parent: _____ Home Phone: _____ Work Phone: _____

Relative: _____ Home Phone: _____ Work Phone: _____

Doctor: _____ Phone: _____ Hospital: _____

Insurance Company: _____ Policy #: _____

Address: _____

No. & Street Name

City

State

Zip

For a natural person acting in his or her own right:

State of Texas

County of Lamar

This instrument was acknowledged before me on _____ day of _____ 20____

***By _____
(parent/guardian signature)***

Notary Public Signature: _____