

ADVENTURE KIDS ACADEMY Kids Night Out Consent Form

Child's Information

Child's Name: _____ DOB: _____

Parent's Names: _____

Home Number: _____ Cell Phone: _____

Email: _____

Home Address: _____ City/Zip: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Child's Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Health Concerns, Allergies, or Behaviors we should be made aware:

Has your child had previous preschool/group experiences? Please describe:

Is your child potty trained? **Yes / No**

I give permission for my child's photo to be used in school publications:

Yes / No Initial: _____

Medical Consent

I give permission that my child, _____, may be given emergency treatment by a qualified child care provider at Adventure Kids Academy located at 15620 NE Woodinville Duvall PL, Woodinville, WA 98072. When I cannot be contacted, I authorize and consent to medical, surgical, and hospital care treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital, or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car attendant to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.

Parent Signature: _____ Date: _____

Print Name: _____

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