

## Child Medical Emergency

Parents:

Please fill in the information below and return this form to the office on or before your first day of attendance.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

In the event of a medical emergency,

I \_\_\_\_\_ hereby authorize Kids Kampus to

transport my child to **West Allis Memorial Hospital**

**or** \_\_\_\_\_

Please cross off West Allis Hospital and fill in the blank if your child should be transported to a different hospital.

My child has the following allergies:

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Parent Signature:

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Date: \_\_\_\_\_