



IGNITE KIDS

Before and After School- Puntledge

MEDICAL CONSENT & AGREEMENT FORM

Child's Full Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Primary Phone: _____ Alternate Phone: _____

Doctor's Name: _____ Doctor's Phone: _____

Known Allergies: _____

Medical Conditions: _____

Special Instructions (if any): _____

Medical Authorization:

I hereby authorize the staff of Ignite Kids to provide first aid to my child when necessary. In the event of a medical emergency, I authorize staff to contact emergency medical services (911) and seek appropriate medical treatment for my child if I or my emergency contacts cannot be reached immediately.

Parent/Guardian Name (Print): _____

Signature: _____ Date: _____