



# Kids Kondo Child Enrollment & Medical Care Form

2 \_\_\_\_\_

3 \_\_\_\_\_

Name of public or private school child attends, if any \_\_\_\_\_

Child's doctor or clinic name \_\_\_\_\_ Telephone \_\_\_\_\_

My child has the following special needs: \_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: \_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies (food, insect, medications, etc.) or health concerns: \_\_\_\_\_

## EMERGENCY MEDICAL AUTHORIZATION

Should \_\_\_\_\_ suffer an injury or illness while in the care of Kids Kondo  
Child's Name Date of Birth  
and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Director/Person-In-Charge Date