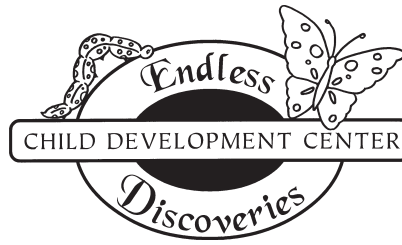


823 Towne Court  
Saginaw, TX 76179  
682-286-9662  
www.EndlessDiscoveriesCDC.com



200 Commerce Street  
Glen Rose, Texas 76043  
254-436-8036  
www.EndlessDiscoveriesCDC.com

## EMERGENCY FORM

In the event of an emergency, I give permission to Endless Discoveries Child Development Center to obtain appropriate medical treatment for \_\_\_\_\_ .

CHILD'S FULL NAME

I release and hold harmless Endless Discoveries Child Development Center Series, LLC, Endless Discoveries Child Development Center - Saginaw LLC, and Endless Discoveries Child Development Center - Glen Rose LLC for any necessary actions.

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(INCLUDE CITY & ZIP CODE)

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(INCLUDE CITY & ZIP CODE)

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

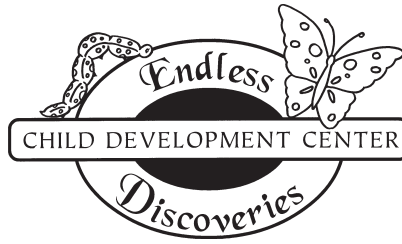
\_\_\_\_\_  
Parent Signature

Picture of Child

I hereby authorize this document  
on this \_\_\_\_\_ day of \_\_\_\_\_ .

\_\_\_\_\_  
Signature of Notary

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## ALLERGIES, SPECIAL NEEDS & THERAPY REQUIREMENTS

My child, \_\_\_\_\_, has the following allergies, special needs  
and therapy requirements: CHILD'S FULL NAME

*Please provide details and proper documentation from a physician or your child's public school records.*

### ALLERGIES:

1. My child has the following allergies:
  
2. The proper procedure to follow in the event of an allergic reaction is:

### SPECIAL NEEDS:

1. My child has the following special needs:
  
2. The following accommodations need to be made while my child is in care at Endless Discoveries Child Development Center:

### THERAPISTS:

1. The following therapists may work with my child at Endless Discoveries:
  
2. Do you give permission for therapists to see your child without Endless Discoveries' supervision?

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

3/25/19