

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



200 Commerce St., Glen Rose, TX 76043
254-436-8036
614 Kirk St., Hico, TX 76459
254-459-0847

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, Endless Discoveries Child Development Center - Glen Rose LLC, and Endless Discoveries Hico Learning Center 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: _____

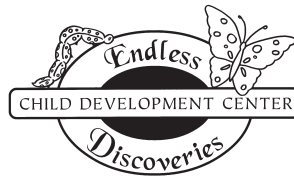
Parent Signature

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:
3. Medications prescribed for continuous, long-term use:

SPECIAL NEEDS:

1. My child has the following special needs:
2. Special care including reasonable accommodations/modifications, adaptive equipment, and symptoms or complications of potential complications: (Must include instructions for use of adaptive equipment.)
3. Limitations or restrictions on child's activities:

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