

This Must Be Faxed Prior To Any Care Being Provided

Medical and Transportation Release, Consent, and Waiver

KidsCaredFor® - Fax (713) 513-5999

Child's Name: _____ DOB ____/____/____
(First) (MI) (Last) (DD/MM/YYYY)

Parent/Guardian Name: _____
(First) (MI) (Last)

Address: _____
(Number/Street) (City, State) (Zip)

Phone Numbers: _____ or _____

PERSONS TO BE CONTACTED IN CASE OF EMERGENCY WHEN PARENT / GUARDIAN CANNOT BE REACHED

Contact Name	Telephone #'s	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Home) (Work) (Cell)

MEDICAL INFORMATION

Doctor's Name: _____

Office #: _____ Emergency #: _____

Dentist's Name: _____

Office #: _____ Emergency #: _____

Insurance Carrier: _____ Group Policy #: _____

Insurance Number: _____

Please ensure that you have identified allergies, medical conditions (asthma), medication needs (name, dosage & frequency and epipens), monitoring (glucose) and all other medical related information on the Enrollment Form.

We, the undersigned parents/guardians of the above named child, grant permission for the child listed to be transported to home, to doctor, to dentist, and returned home for care and authorize transportation to such by an agent of KidsCaredFor. We understand that transportation presents varying amounts of risk of injury. We represent to you that we hold KidsCaredFor, its agents, employees and representative harmless from liability for injury or death to the child while engaged in KidsCaredFor care. We also hold you, your agents, employees, and representatives harmless from all liability to any other person or entity arising as a result of the unauthorized conduct of the child and agree to defend and indemnify you, your agents, employees, and representatives against any claim or liability arising as a result of such conduct. We acknowledge and understand that you DO NOT provide or offer any type of benefit, insurance or reimbursement for injuries arising from the activities covered by this form. We authorize KidsCaredFor Inc. and its agents, on our behalf and expense to arrange for such medical and hospital treatment as deemed necessary for the health and well-being of the child. In such event, KidsCaredFor is authorized to submit to the treating facility the emergency medical information set forth on this form, therefore giving medical authorization for treatment. In consideration of KidsCaredFor, we the parents, agree to allow medications (as listed on enrollment form or as ordered by your treating physician) to be given to the child as requested/needed/ordered. Further, for said consideration, I, on behalf of myself and the other parent of the child, hereby agree to indemnify, hold harmless, release, and waive any and all claims, and demands or causes of action against KidsCaredFor, its agents, and employees. We understand that this form will be kept on file at KidsCaredFor Inc. and it is my responsibility to keep the information current.

Parent/ Guardian Signature _____

Printed name _____ Date _____