



An Activity-Based Children's Party, Special Event & Child Care Company

Spunky Kids, LLC of Austin

Child

First _____ Middle _____ Last _____ Gender: Male __ Female __

School Name _____ Grade _____ Birth date ____/____/____ Current Age _____

Street Address _____

Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____

Cell phone _____ E-mail _____

Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____

Cell phone _____ E-mail _____

Occupation _____ Employer _____

Child lives with: _____



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Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems or conditions we should know about, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____



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Is your child allergic to any type of food or medication?

Yes ___ No ___ If yes, explain: _____

Does your child require a special diet?

Yes ___ No ___ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent’s/Guardian’s Initials _____

I understand that Carly Ferguson and Spunky Kids, LLC will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent’s/Guardian’s Initials _____

In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____



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Photo Release

I hereby give permission for my child to be photographed during the **Spunky Kid's event or child care service**. I understand the photos will be used to keep a journal of activities, to share for promotional purposes including social media, website, flyers, brochures, newspaper, etc and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed.

I give permission for my child's photograph to be taken and used: Parent's/Guardian's Initials _____

I do not give permission for my child's photograph to be taken and used: Parent's/Guardian's Initials _____

Childcare Waiver

I/We, the undersigned, are the parent(s) of the above named child/children and we agree, in taking advantage of this child care service, to release and hold harmless Carly Ferguson and Spunky Kids, LLC from any and all claims, demands, suits, cost, and charges in connection with or arising out of the child care service, including, but not limited to, bodily harm or injury to our children, except only for loss, harms or injury occasioned by gross negligence or intentional misconduct by Spunky Kids, LLC. I hereby grant permission for Spunky Kids, LLC and its child care providers full authority to take whatever actions they deem necessary regarding my child's health and safety in the event I cannot be reached or in the situation where time is of the essence; and fully release Spunky Kids, LLC and its child care providers from any liability in connection with those decisions, I grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility staff if needed. Any such action will be taken in the best interest of my child and will be reported to me as soon as possible.

I HAVE READ AND UNDERSTAND THIS ON-SITE CONSENT AND WAIVER FORM AND SIGN VOLUNTARILY AND ENTIRELY OF MY OWN FREE WILL.

Parent Name (please print) _____

Parent Signature _____ Date: __ / __ / __

Special Notes regarding your child(ren) (e.g., eating schedule, napping schedule, specific directions):

Thank you so much for choosing Spunky Kids, LLC!

Please visit www.spunkykidsaustin.com and like us on social media @spunkykidsco! And, spread the good word to your parent-friends!



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