

## CHILD'S RELEASE RECORD

The child will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s).

The following people are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

CHILD'S NAME:

---

Name: \_\_\_\_\_ Telephone Number:

\_\_\_\_\_

Address:

---

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip:

\_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number:

\_\_\_\_\_

Address:

---

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip:

\_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number:

\_\_\_\_\_

Address:

---

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip:

\_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number:

\_\_\_\_\_

Address:

---

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip:

---

Name: \_\_\_\_\_ Telephone Number:

---

Address:

---

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip:

---

## **CHILD HEALTH AND DEVELOPMENT QUESTIONNAIRE**

**CHILD'S NAME:**

---

Child's Physician: \_\_\_\_\_ Telephone Number:

---

Child's Dentist: \_\_\_\_\_ Telephone Number:

---

Please answer the questions on this form. We feel this information will help us to be more effective in working with your child.

Childhood Diseases child has had:

Date

\_\_\_\_\_ Chicken Pox \_\_\_\_\_  
\_\_\_\_\_ Measles \_\_\_\_\_  
\_\_\_\_\_ 3 day (Rubella) \_\_\_\_\_  
\_\_\_\_\_ 10 day (Rubella) \_\_\_\_\_  
\_\_\_\_\_ Scarlet Fever \_\_\_\_\_  
\_\_\_\_\_ Mumps \_\_\_\_\_  
\_\_\_\_\_ Strep Throat \_\_\_\_\_  
\_\_\_\_\_ Hepatitis \_\_\_\_\_

Surgery \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

Has child had: Allergies \_\_\_\_\_ Serious illness/accident \_\_\_\_\_ Burns \_\_\_\_\_  
Convulsions \_\_\_\_\_ Other \_\_\_\_\_

List any identifying scars, birthmarks, skin discolorations:  
\_\_\_\_\_

Special need of child:  
\_\_\_\_\_

Is your child taking over the counter or prescribed medication regularly at home?  
If yes, what?  
\_\_\_\_\_

List any known allergies to food or the environment.  
\_\_\_\_\_  
\_\_\_\_\_

What is the allergic reaction?  
\_\_\_\_\_

Have you ever suspected or has your child ever had seizures?  
\_\_\_\_\_

What is your child's favorite activity at home?  
\_\_\_\_\_

Does your child have temper tantrums? \_\_\_\_\_ Does your child bite his/her  
nails? \_\_\_\_\_

Twist his/her hair? \_\_\_\_\_ Does your child complain of feeling ill often?  
\_\_\_\_\_

Does your child have a regular playmate? \_\_\_\_\_ Same age? \_\_\_\_\_ Older \_\_\_\_\_ Younger  
\_\_\_\_\_

Does your child get along well with groups of children or is he/she more of a loner?  
\_\_\_\_\_

If you could describe your child in one word, what would it be?  
\_\_\_\_\_

Please list your child's strong points, such as happy, curious, loving.

\_\_\_\_\_  
Child's habit's, fears, etc.

\_\_\_\_\_  
Is there anything else, medical or otherwise that we need to know about your child?

\_\_\_\_\_  
I give permission to consult the child's physician listed above in case of emergency if I/we cannot be reached.

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

**PERMISSION TO RIDE FORM**

I hereby grant permission for \_\_\_\_\_ to ride on the designated bus

(child's name)

route that includes pick up from \_\_\_\_\_ School to the Samurais After School

(child's school)

program at National Karate MMA.

I hereby grant permission for \_\_\_\_\_ to ride to any field trip scheduled

(child's name)

during the school year and during our summer camp.

1. I authorize National Karate MMA representatives to obtain medical treatment for my child in case of serious illness or injury and agree to pay for such treatment.
2. I understand that National Karate MMA employees who usually dispense medications may or may not be present during field trips. Medications will be dispensed by a responsible staff member.
3. I have documented below all precautions and instructions regarding my child's medication. I have noted any special health-related conditions or allergies regarding my child.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

---

*(Signature of Parent/Guardian)*