



Persons allowed to Pick up & Emergency Contacts

In addition to Parents/Guardians listed previously, I authorize Muletown Kids to release my child and leave the facility with the following persons only:

Name	Relationship to child	Phone Number
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Name	Relationship to Child	Phone Number
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Name	Relationship to Child	Phone Number
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*Please notify us ahead of time for pick ups other than parent/guardian. We require a photo id for all pick ups.

EMERGENCY INFORMATION

In the event I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident. I authorize Muletown Kids to have my child transported to:

Name of Physician _____

Physician Address _____

Phone: (____) _____ - _____

Name of Hospital _____

Hospital Address _____

Phone: (____) _____ - _____

CONSENT FOR MEDICAL TREATMENT

I give consent for Muletown Kids to secure any and all necessary emergency medical care for my child. I certify my child is in excellent health, physical condition and has no medical psychological, physical or mental condition which has not been disclosed to Muletown Kids on this registration form. I also attest that my child/children are up to date on all of their immunizations.

Parent/Guardian Signature

Date