

PET WORLD EMERGENCY CONTACT INFO AND CONSENT FORM

Child's Name: _____ Birth date: _____

Parent/Guardian Name: _____

Phone: Home _____ Work _____ Mobile _____

EMERGENCY CONTACT

(to whom child may be released *if* parent/guardian is unavailable)

Name: _____ Relationship _____

Phone: Home _____ Work _____ Mobile _____

PREFERRED SOURCES OF MEDICAL CARE

Child's Physician's Name: _____

Phone: _____

**SPECIAL CONDITIONS, DISABILITIES, ALLERGIES, OR
RELEVANT MEDICAL EMERGENCY INFORMATION**

PARENT/GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES:

As parent/guardian, I consent to have my child receive first aid, rescue efforts and CPR if needed by Pet World staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available; and I give consent for Pet World staff to exercise their better judgment and act in my child's immediate best interest in emergency situations.

Parent/Guardian Signature _____

Date _____

Your child will be unable to participate in Pet World Kids Programs without this completed form. If you forget this form, another will be provided for you when you arrive.