

EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME _____ BIRTHDATE _____

ADDRESS _____

MOTHER'S NAME/LEGAL GUARDIAN _____ HOME PHONE NUMBER _____
CELL PHONE NUMBER _____

ADDRESS _____

BUSINESS NAME _____ BUSINESS PHONE NUMBER _____

BUSINESS ADDRESS _____

FATHER'S NAME/LEGAL GUARDIAN _____ HOME PHONE NUMBER _____
CELL PHONE NUMBER _____

ADDRESS _____

BUSINESS NAME _____ BUSINESS PHONE NUMBER _____

BUSINESS ADDRESS _____

EMERGENCY CONTACT PERSONS(S) NAME PHONE NUMBER WHEN CHILD IS IN CARE

PERSON(S) TO WHOM CHILD MAY BE RELEASED NAME COMPLETE ADDRESS PHONE NUMBER WHEN CHILD IS IN CARE

NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER _____ PHONE NUMBER _____

ADDRESS _____

SPECIAL DISABILITIES (IF ANY) _____ ALLERGIES (INCLUDING MEDICATION REACTION) _____

MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION _____ MEDICATION SPECIAL CONDITIONS _____

ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD _____

HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS _____ POLICY NUMBER (REQUIRED) _____

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

OBTAINING EMERGENCY MEDICAL CARE _____ ADMIN. OF MINOR FIRST-AID PROCEDURES _____

WALKS AND TRIPS _____ SWIMMING _____

TRANSPORTATION BY THE FACILITY _____ WADING _____

SIGNATURE OF PARENT OR GUARDIAN

DATE

6 month
Periodic Review

SIGNATURE OF PARENT OR GUARDIAN

DATE

E-MAIL ADDRESS _____