

# EMERGENCY CONTACT/PARENTAL CONSENT FORM

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent's Name/Legal Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Parent's Name/Legal Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

EMERGENCY CONTACT PERSON (S) (list below) \_\_\_\_\_ Telephone Number (when in care) \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Person (s) to whom the Child May Be Released      Address      Telephone Number (when in care)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Name of Child's Physician/Medical Care Provider      Physician's Phone Number**

Address \_\_\_\_\_

Special Disabilities (if any) \_\_\_\_\_ All Allergies \_\_\_\_\_

Medical or Dietary Information necessary in an emergency situation \_\_\_\_\_ Medications \_\_\_\_\_

Additional Information on Special Needs of Child \_\_\_\_\_

Health Insurance Coverage or Medical Assistance Benefits \_\_\_\_\_ Policy number (required) \_\_\_\_\_

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

Obtaining Emergency Medical Care \_\_\_\_\_ Administration of Minor First Aid \_\_\_\_\_

Transportation by the Facility in Case of Emergency \_\_\_\_\_ Walks \_\_\_\_\_

Child's photograph (no name) may be displayed on facility website \_\_\_\_\_ Child may participate in water play \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

6 Month Review \_\_\_\_\_ Date \_\_\_\_\_