

EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN	E-MAIL ADDRESS	HOME PHONE NUMBER
ADDRESS		CELL PHONE NUMBER
BUSINESS NAME	ADDRESS	BUSINESS PHONE NUMBER
FATHER'S NAME/LEGAL GUARDIAN	E-MAIL ADDRESS	HOME PHONE NUMBER
ADDRESS		CELL PHONE NUMBER
BUSINESS NAME	ADDRESS	BUSINESS PHONE NUMBER
EMERGENCY CONTACT PERSON(S) NAME		PHONE NUMBER WHEN CHILD IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	ADDRESS	PHONE NUMBER WHEN CHILD IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		PHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)	
EMERGENCY MEDICAL or DIETARY INFORMATION	MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD	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 PROCEEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	
SIGNATURE OF PARENT		DATE
PERIODIC REVIEW - SIGNATURE OF PARENT		DATE