



EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME	LAST	FIRST	MIDDLE INITIAL	BIRTHDATE
ADDRESS				
MOTHER'S NAME/LEGAL GUARDIAN			HOME TELEPHONE NUMBER	
ADDRESS			MOTHER'S CELL NUMBER	
BUSINESS NAME			BUSINESS TELEPHONE NUMBER	
ADDRESS				
FATHER'S NAME/LEGAL GUARDIAN			HOME TELEPHONE NUMBER	
ADDRESS			FATHER'S CELL NUMBER	
BUSINESS NAME			BUSINESS TELEPHONE NUMBER	
ADDRESS				
EMERGENCY CONTACT PERSON(S)		NAME		TELEPHONE NUMBER WHEN CHILD IS IN CARE
				CELL NUMBER
PERSON(S) TO WHOM CHILD MAY BE RELEASED		NAME		ADDRESS
				TELEPHONE NUMBER WHEN CHILD IS IN CARE
				CELL NUMBER
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER				TELEPHONE NUMBER
ADDRESS				HOSPITAL PREFERENCE
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	
PERIODIC REVIEW			THE USE OF PHOTOGRAPHS OF MY CHILD FOR PROMOTIONAL PURPOSES	

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE