**EMERGENCY CONTACT / PARENTAL CONSENT FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child's Name** | | | | Child’s Birthdate |
| Address | | | |  |
| **Mother's Name/Legal Guardian** | | | | Home Phone |
| Home Address | | | | Cell Phone |
| Business Name | | | | Business Phone |
| Address | | Email Address: | | |
| **Father's Name/Legal Guardian** | | | | Home Phone |
| Home Address | | | | Cell Phone |
| Business Name | | | | Business Phone |
| Address | Email Address: | | | |
| **Emergency Contact Person(s) – Name** | | | | Phone Number When Child is in Care |
|  | | | |  |
|  | | | |  |
| **Person(s) To Whom Child May Be Released - Name and Address Required** | | | | 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 or Medical Assistance Benefits 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 Procedures** | |
| **Walks and Trips** | | | **Swimming** | |
| **Transportation by the Facility** | | | **Wading** | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature (6 Month Review) Date