**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** |

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 Parent’s Signature Date

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 Parent’s Signature (6 Month Review) Date