

EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME /LEGAL GUARDIAN		HOME PHONE#
ADDRESS (IF DIFFERENT FROM ABOVE)		CELL PHONE #
BUSINESS NAME		BUSINESS PHONE # / EXT.
ADDRESS		E-MAIL
FATHER'S NAME /LEGAL GUARDIAN		HOME PHONE #
ADDRESS (IF DIFFERENT FROM ABOVE)		CELL PHONE #
BUSINESS NAME		BUSINESS PHONE # / EXT.
ADDRESS		E-MAIL
EMERGENCY CONTACT PERSON(S)		
NAME	PHONE # WHEN CHILD IS IN CARE	NAME
NAME	PHONE # WHEN CHILD IS IN CARE	PHONE # WHEN CHILD IS IN CARE
NAME	PHONE # WHEN CHILD IS IN CARE	NAME
NAME	PHONE # WHEN CHILD IS IN CARE	PHONE # WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED (OTHER THAN PARENTS):		
NAME	ADDRESS	PHONE # WHEN CHILD IS IN CARE
NAME	ADDRESS	PHONE # WHEN CHILD IS IN CARE
NAME	ADDRESS	PHONE # WHEN CHILD IS IN CARE
NAME	ADDRESS	PHONE # WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		PHONE #
ADDRESS		
NAME OF CHILD'S DENTIST		PHONE #
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICAL REACTIONS)	
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	TRANSPORTATION BY THE FACILITY	SWIMMING
WALKS AND TRIPS	ADMIN. OF MINOR FIRST AID PROCEDURES	WADING
CLASSROOM TEACHERS, ADMINISTRATIVE PERSONNEL AND REGULATORY OFFICIALS ARE AUTHORIZED TO ACCESS MY CHILD'S HEALTH AND PERSONAL FILES ON AN AS-NEEDED BASIS	THE ABOVE PARENT/GUARDIAN CONTACT INFORMATION (EXCLUDING BUSINESS) MAY BE INCLUDED IN A PARENT DIRECTORY	

SIGNATURE OF PARENT or GUARDIAN / DATE

UPDATE: SIGNATURE OF PARENT or GUARDIAN / DATE

UPDATE: SIGNATURE OF PARENT or GUARDIAN / DATE

UPDATE: SIGNATURE OF PARENT or GUARDIAN / DATE