

## EMERGENCY CONTACT/PARENTAL CONSENT FORM

CHILD'S NAME	BIRTHDATE
ADDRESS	
MOTHER'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER
ADDRESS	CELL PHONE NUMBER
FREQUENTLY CHECKED E-MAIL	
BUSINESS NAME	BUSINESS TELEPHONE NUMBER
BUSINESS ADDRESS	
FATHERS'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER
ADDRESS	CELL PHONE NUMBER
FREQUENTLY CHECKED E-MAIL	
BUSINESS NAME	BUSINESS TELEPHONE NUMBER
BUSINESS ADDRESS	

### EMERGENCY CONTACT PERSON(S)

NAME	RELATIONSHIP	TELEPHONE NUMBER WHEN CHILD IS IN CARE

### PERSON(S) TO WHOM THE CHILD MAY BE RELEASED

NAME	RELATIONSHIP	ADDRESS/ TELEPHONE NUMBER WHEN CHILD IS IN CARE

NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	TELEPHONE NUMBER
ADDRESS	
SPECIAL DISABILITIES OR NEEDS (IF ANY)	
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS
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	SWIMMING
WALKS AND TRIPS	TRANSPORTATION BY THE FACILITY	WADING
PARENT/GUARDIAN SIGNATURE		DATE