**EMERGENCY CONTACT/PARENTAL CONSENT FORM**

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| **CHILD’S NAME** | **BIRTHDATE**Click or tap to enter a date. |
| **ADDRESS**Click or tap here to enter text. |
| **MOTHER’S NAME/** | **HOME TELEPHONE NUMBER**Click or tap here to enter text. |
| **ADDRESS**Click or tap here to enter text. | **CELL PHONE NUMBER** |
| **FREQUENTLY CHECKED E-MAIL**Click or tap here to enter text. |
| **BUSINESS NAME**Click or tap here to enter text. | **BUSINESS TELEPHONE NUMBER**Click or tap here to enter text. |
| **BUSINESS ADDRESS** |
| **FATHERS’S NAME/LEGAL GUARDIAN** | **HOME TELEPHONE NUMBER** |
| **ADDRESS**Click or tap here to enter text. | **CELL PHONE NUMBER**Click or tap here to enter text. |
| **FREQUENTLY CHECKED E-MAIL** |
| **BUSINESS NAME** | **BUSINESS TELEPHONE NUMBER**Click or tap here to enter text. |
| **BUSINESS ADDRESS**Click or tap here to enter text. |

**EMERGENCY CONTACT PERSON(S)**

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| **NAME RELATIONSHIP TELEPHONE NUMBER WHEN CHILD IS IN CARE** |
| Click or tap here to enter text. |
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**PERSON(S) TO WHOM THE CHILD MAY BE RELEASED**

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| **NAME RELATIONSHIP ADDRESS/ TELEPHONE NUMBER WHEN CHILD IS IN CARE** |
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| **NAME OF CHILD’S PHYSICAN/MEDICAL CARE PROVIDER**Click or tap here to enter text. | **TELEPHONE NUMBE** |
| **ADDRESS** |
| **SPECIAL DISABILITIES OR NEEDS (IF ANY)**Click or tap here to enter text. |
| **MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION**Click or tap here to enter text. | **MEDICATION, SPECIAL CONDITIONS**Click or tap here to enter text. |
| **HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFI** | **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** |