

EMERGENCY CONTACT / PARENTAL CONSENT FORM

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|---|--|---|
| 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

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