

# EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME		BIRTH DATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
BUSINESS ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
BUSINESS ADDRESS		
EMERGENCY CONTACT PERSON - NAME (1)		DAYTIME PHONE NUMBER
EMERGENCY CONTACT PERSON - NAME (2)		DAYTIME PHONE NUMBER
EMERGENCY CONTACT PERSON - NAME (3)		DAYTIME PHONE NUMBER
PERSON TO WHOM CHILD MAY BE RELEASED - NAME / ADDRESS (1)		DAYTIME PHONE NUMBER
PERSON TO WHOM CHILD MAY BE RELEASED - NAME / ADDRESS (2)		DAYTIME PHONE NUMBER
PERSON TO WHOM CHILD MAY BE RELEASED - NAME / ADDRESS (3)		DAYTIME PHONE NUMBER
NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES INCLUDING MEDICATION REACTION	
MEDICAL OR DIETARY INFORMATION NEEDED IN AN EMERGENCY	MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
MEDICAL OR DIETARY INFORMATION NEEDED IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS
<b>PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
OBTAINING EMERGENCY MEDICAL CARE	ADMINISTRATION OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE