

DATE

EMERGENCY CONTACT/PARENTAL CONSENT FORM

CHILD'S NAME		BIRTHDATE	
ADDRESS			
MOTHER'S NAME/LEGAL GUARDIAN		CELL PHONE	
ADDRESS			
BUSSINESS NAME		BUSINESS PHONE NUMBER	
ADDRESS			
FATHER'S NAME/LEGAL GUARDIAN		CELL PHONE	
ADDRESS			
BUSSINESS NAME		BUSINESS PHONE NUMBER	
ADDRESS			
EMERGENCY CONTACT PERSON(S)-PLEASE LIST IN ORDER OF WHO SHOULD BE CONTACTED WHEN CHILD NEEDS TO BE PICKED UP AND THE BEST NUMBER TO REACH THEM			
NAME		BEST TELEPHONE NUMBER	
1			
2			
3			
4			
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS	TELEPHONE NUMBER
NAME OF CHILD'S PHYSICIAN		PHONE NUMBER	
ADDRESS			
SPECIAL NEEDS (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTIONS)	
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICAL, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
HEALTH INSURANCE		POLICY NUMBER	
PARENT SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT			
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST-AID PROCEDURES	
WALKS AND TRIPS		SWIMMING	
TRANSPORTATION BY THE FACILITY		WADING	
INITIAL SIGNATURE		PERIODIC REVIEW	
SIGNATURE OF PARENT OR GUARDIAN		SIGNATURE OF PARENT OR GUARDIAN	
DATE: _____		REVIEW DATE: _____	