

# EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME			BIRTHDATE		
ADDRESS					
MOTHER'S NAME/LEGAL GUARDIAN				HOME TELEPHONE NUMBER	
ADDRESS					
BUSINESS NAME				BUSINESS TELEPHONE NUMBER	
ADDRESS					
CELL PHONE NUMBER			E-MAIL ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN				HOME TELEPHONE NUMBER	
ADDRESS					
BUSINESS NAME				BUSINESS TELEPHONE NUMBER	
ADDRESS					
CELL PHONE NUMBER			E-MAIL ADDRESS		
EMERGENCY CONTACT PERSON(S)		NAME		TELEPHONE NUMBER WHEN CHILD IS IN CARE	
PERSON(S) TO WHOM THE CHILD MAY BE RELEASED		NAME		ADDRESS	
TELEPHONE NUMBER WHEN CHILD IS IN CARE					
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER				TELEPHONE NUMBER	
ADDRESS					
SPECIAL DISABILITIES (IF ANY)			ALLERGIES (INCLUDING MEDICAL REACTION)		
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)		
<b>PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>					
OBTAINING EMERGENCY MEDICAL CARE			ADMIN. OF MINOR FIRST - AID PROCEDURES		
WALKS AND TRIPS			SWIMMING		
TRANSPORTATION BY THE FACILITY			WADING		

## PERIODIC REVIEW

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

**ORIGINAL**