

# Emergency Contact/Parental Consent Form

Child's Name	Birthday
Address	
Mother's Name/Legal Guardian	Home Telephone Number
Address	Cell Phone Number
Business Name	Business Telephone Number
Address	
Father's Name/Legal Guardian	Home Telephone Number
Address	Cell Phone Number
Business Name	Business Telephone Number
Business Address	
<b>Emergency Contact Person(s)</b>	Name      Address      Telephone Number When Child Is In Care
<b>Person(s) To Whom Child May Be Released</b>	Name      Address      Telephone Number When Child Is In Care
<b>Name Of Child's Physician/Medical Care Provider</b>	Telephone Number
Address	
Special Needs (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>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>	
<b>Obtaining Emergency Medical Care</b>	<b>Administration of Minor First-Aid Procedures</b>
Walks and Trips	Swimming
Transportation By The Facility	Wading

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date