

EMERGENCY CONTACT PARENTAL CONSENT FORM

CHILD'S NAME	BIRTHDATE		
ADDRESS			
PARENT 1 LEGAL NAME	HOME TELEPHONE NUMBER		
EMAIL ADDRESS	MOBILE TELEPHONE NUMBER		
ADDRESS			
BUSINESS NAME	BUSINESS TELEPHONE NUMBER		
BUSINESS ADDRESS			
PARENT 2 LEGAL NAME	HOME TELEPHONE NUMBER		
EMAIL ADDRESS	MOBILE TELEPHONE NUMBER		
ADDRESS			
BUSINESS NAME	BUSINESS TELEPHONE NUMBER		
BUSINESS ADDRESS			
EMERGENCY CONTACT PERSON (S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE	
PERSON(S) TO WHOM 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 MEDICATION 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)	
PARENTS 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	

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

