

# 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>		
Obtaining Emergency Medical Care		Administration of Minor First-Aid Procedures
Walks and Trips		Swimming/Wading
Photographs		Sunscreen Application

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Signature of Parent or Guardian

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Date