

## EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO. ( )

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MOTHER'S NAME / LEGAL GUARDIAN \_\_\_\_\_ HOME PHONE NO. ( )

ADDRESS \_\_\_\_\_ CELL PHONE NO. ( )

WORK NAME/ADDRESS \_\_\_\_\_ WORK PHONE NO. ( )

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FATHER'S NAME / LEGAL GUARDIAN \_\_\_\_\_ HOME PHONE NO. ( )

ADDRESS \_\_\_\_\_ CELL PHONE NO. ( )

WORK NAME/ADDRESS \_\_\_\_\_ WORK PHONE NO. ( )

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### EMERGENCY CONTACT PERSON (S)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE NO. (when child is in care) ( )

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE NO. (when child is in care) ( )

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE NO. (when child is in care) ( )

### PERSON(S) TO WHOM CHILD MAY BE RELEASED:

NAME	ADDRESS	PHONE NO.
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NAME OF CHILD'S PHYSICIAN \_\_\_\_\_ PHONE NO. ( )

ADDRESS \_\_\_\_\_

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SPECIAL NEEDS \_\_\_\_\_ ALLERGIES (MEDS INCLUDED) \_\_\_\_\_

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HEALTH INSURANCE COVERAGE OR MEDICAL ASSISTANCE BENEFITS \_\_\_\_\_ POLICY NUMBER (REQUIRED) \_\_\_\_\_

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### PARENTAL CONSENT FORM (PARENTS SIGNATURE REQUIRED NEXT TO EACH ITEM)

OBTAINING EMERGENCY MEDICAL CARE \_\_\_\_\_ ADMINISTERING OF MINOR FIRST AID PROCEDURES \_\_\_\_\_

WALKS/TRIPS/SWIMMING/WADING \_\_\_\_\_ TRANSPORTATION BY THE FACILITY \_\_\_\_\_

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### Sign and date upon completion:

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_