



## EMERGENCY CONTACT & PARENTAL CONSENT FORM

Child's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home/Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home/Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Employer: \_\_\_\_\_

List in order who we should call in an emergency:

1. \_\_\_\_\_ # \_\_\_\_\_

2. \_\_\_\_\_ # \_\_\_\_\_

3. \_\_\_\_\_ # \_\_\_\_\_

4. \_\_\_\_\_ # \_\_\_\_\_

Additional person(s) to whom your child may be released other than the *PARENTS* listed above:

1. \_\_\_\_\_ # \_\_\_\_\_

2. \_\_\_\_\_ # \_\_\_\_\_

3. \_\_\_\_\_ # \_\_\_\_\_

4. \_\_\_\_\_ # \_\_\_\_\_

Child's physician/medical care provider:

\_\_\_\_\_ # \_\_\_\_\_

Special needs, disabilities or allergies (include medication reactions): \_\_\_\_\_

\_\_\_\_\_

Medical or dietary information necessary in an emergency situation: \_\_\_\_\_

\_\_\_\_\_

Health insurance coverage for child or medical assistance benefits:

\_\_\_\_\_ Policy # \_\_\_\_\_

**Sign below to indicate your consent for administration of minor first aid (i.e. cold packs, bandaids),  
obtaining emergency medical care, and permission to take short walks in close proximity to our facility:**

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_