



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: _____