Emergency Contact / Parental Consent Form

Child's Name				▪ Birthdate	
▪ Home Address, City, State, Zipcode					
Parent/Legal Guardian #1 Name		▪ Home Phone		▪ Cell Phone	
▪ Business Name, Address, Phone					
Parent/Legal Guardian #2 Name		▪ Home Phone		▪ Cell Phone	
▪ Business Name, Address, Phone					

Emergency Contacts Information					
▪ Emergency Contact #1		▪ Phone #1 when child is in care			
▪ Emergency Contact #2		▪ Phone #2 when child is in care			
▪ Emergency Contact #3		▪ Phone #3 when child is in care			
▪ Person to whom child may be released #1		▪ Address #1		▪ Phone #1 when child is in care	
▪ Person to whom child may be released #2		▪ Address #2		▪ Phone #2 when child is in care	
▪ Person to whom child may be released #3		▪ Address #3		▪ Phone #3 when child is in care	
Name of Child's Physician/Medical Care Provider		▪ Address		▪ Phone Number	
▪ Special Disabilities (if any)					
▪ Allergies (including medication 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)					

Parent's Signature is required for each item below to indicate parental consent:			
▪ Obtaining Emergency Medical Care		Date	
▪ Admin of Minor First Aid Procedures		Date	
▪ Walks and Trips		Date	
Signature of Parent or Guardian		**Date**	
Signature of Parent or Guardian		**Date**	

Identification must be on file for anyone listed on this form.