

# EMERGENCY CONTACT/PARENTAL CONSENT FORM

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Mother's Name/Legal Guardian \_\_\_\_\_ Phone No \_\_\_\_\_

Address \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Phone No \_\_\_\_\_

Business Address \_\_\_\_\_

Father's Name/Legal Guardian \_\_\_\_\_ Phone No \_\_\_\_\_

Address \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Phone No \_\_\_\_\_

Business Address \_\_\_\_\_

~~~~~

## Emergency Contact Person(s)

| Name  | Telephone Number when Child is in care |
|-------|----------------------------------------|
| _____ | _____                                  |
| _____ | _____                                  |

## Person(s) to whom child may be released

| Name  | Address | Telephone Number when Child is in Care |
|-------|---------|----------------------------------------|
| _____ | _____   | _____                                  |
| _____ | _____   | _____                                  |

~~~~~

Name of Child's Physician/Medical Care Provider \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone No \_\_\_\_\_

Allergies (including medication reactions) \_\_\_\_\_

Special Disabilities/Special needs of child (if any) \_\_\_\_\_

\_\_\_\_\_

Is child on medication? If yes, please list \_\_\_\_\_

Any medical or dietary information necessary in emergency situation \_\_\_\_\_

\_\_\_\_\_

Health Insurance/Medical Assistance Benefits \_\_\_\_\_

Policy No \_\_\_\_\_

Parent's Signature is required for each item below to indicate parental consent

Permission to administer minor first-aid procedures \_\_\_\_\_

Permission to obtain emergency medical care \_\_\_\_\_

Permission to take walks off the premises \_\_\_\_\_

Mother's/Legal Guardian's Signature \_\_\_\_\_

Father's/Legal Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE CONTACT THE OFFICE IF YOU MAKE ANY CHANGES IN THIS INFORMATION THROUGHOUT THE SCHOOL YEAR. THANK YOU.**

Periodic review (to be done in February.) Please make changes directly on form and then sign below.

Mother's/Legal Guardian's Signature \_\_\_\_\_

Father's/Legal Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_