

EMERGENCY CONTACT PARENTAL CONSENT FORM

Child's Name _____ Birth Date _____ Age _____

Mother _____ Home # _____

Email _____ Cell # _____

Address _____

Work _____ Work # _____

Father _____ Home # _____

Email _____ cell # _____

Address _____

Work _____ Work # _____

EMERGENCY CONTACT(S) ****Provide phone # of where you can be reached when child is in care****

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

PERSON(S) TO WHOM CHILD MAY BE RELEASED

Name _____ Phone # _____

Address _____

Driver's License # _____ Relationship _____

Name _____ Phone # _____

Address _____

Driver's License # _____ Relationship _____

Name _____ Phone # _____

Address _____

Driver's License # _____ Relationship _____

Physician/Med. Care Provider _____ Phone # _____

Address _____

Health Insurance Coverage _____ Policy # (Required) _____

Special Disabilities (If Any) _____

Allergies (Including Medication Reactions) _____

Medication Or Dietary Information Necessary in an Emergency _____

Additional Special Care instructions: _____

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature _____

Date _____