

# EMERGENCY CONTACT/PARENTAL CONSENT FORM



CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ALLERGIES  
(INCLUDING MEDICATION REACTIONS): \_\_\_\_\_

SPECIAL NEEDS/  
MEDICAL CONDITIONS: \_\_\_\_\_

MEDICATIONS/SPECIAL INSTRUCTIONS: \_\_\_\_\_

CHILD'S HEALTH INSURANCE PROVIDER: \_\_\_\_\_ POLICY #: \_\_\_\_\_  
REQUIRED

PEDIATRICIAN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

FATHER/  
LEGAL GUARDIAN: \_\_\_\_\_ CELL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME #: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ WORK #: \_\_\_\_\_

MOTHER/  
LEGAL GUARDIAN: \_\_\_\_\_ CELL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME #: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ WORK #: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**ADDITIONAL PEOPLE TO WHOM CHILD MAY BE RELEASED:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**A SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT:**

OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST AID PROCEDURES
WALKS & TRIPS	SWIMMING (SCHOOL AGE ONLY)
TRANSPORTATION BY FACILITY	WADING

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Do NOT sign below this line

MID-YEAR UPDATE \_\_\_\_\_ DATE \_\_\_\_\_