Emergency Contact/Parental Consent Form

Child has Food Allergies ☐

Child's Name: _____ Birthdate: _____

Address: _____

Allergies, including medication reactions: _____

Special needs and/or medical conditions: _____

Medications/special instructions: _____

Child's health insurance provider: _____ Policy # **(REQUIRED)** _____

Pediatrician name and address: _____ Phone #: _____

Please check phone number to call in case of emergency

Father/Legal Guardian: _____ ☐ Cell #: _____

Email Address: _____ ☐ Home #: _____

Employer Name: _____ ☐ Work #: _____

Employer Address: _____

Please check phone number to call in case of emergency

Mother/Legal Guardian: _____ ☐ Cell #: _____

Email Address: _____ ☐ Home #: _____

Employer Name: _____ ☐ Work #: _____

Employer Address: _____

Emergency Contact OTHER THAN Parents

Name:_____ Phone:_____ Address:_____

Additional people to whom child may be released. Names here MUST match agreement form (ALL INFO REQUIRED)

Name: _____ Phone: _____ Address:_____

Name: _____ Phone: _____ Address:_____

Name: _____ Phone: _____ Address:_____

Additional Authorizations: Signature required for **EACH** item below to indicate parental consent:

Obtaining Emergency Medical Care	Administration of Minor First Aid Procedures
Walks & Trips	Wading
Transportation by Facility	

Parent Signature _____ Date _____

Do NOT sign below this line

Mid-Year Update _____ Date _____