

EMERGENCY CONTACT/PARENTAL CONSENT FORM

CHILD HAS
FOOD ALLERGIES



IF FIELD DOES NOT APPLY, FILL WITH N/A

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 #: _____

PLEASE CHECK PHONE NUMBER TO CALL IN
CASE OF EMERGENCY

PARENT 1/LEGAL GUARDIAN: _____ CELL #: _____

EMAIL ADDRESS: _____ HOME #: _____

EMPLOYER NAME: _____ WORK #: _____

EMPLOYER ADDRESS: _____

PLEASE CHECK PHONE NUMBER TO CALL IN
CASE OF EMERGENCY

PARENT 2/LEGAL GUARDIAN: _____ CELL #: _____

EMAIL ADDRESS: _____ HOME #: _____

EMPLOYER NAME: _____ WORK #: _____

EMPLOYER ADDRESS: _____

EMERGENCY CONTACT (OTHER THAN PARENT):

NAME: _____ PHONE: _____ ADDRESS: _____

ADDITIONAL PEOPLE TO WHOM CHILD MAY BE RELEASED:

NAME: _____ PHONE: _____ ADDRESS: _____

NAME: _____ PHONE: _____ ADDRESS: _____

NAME: _____ PHONE: _____ ADDRESS: _____

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

OBTAINING EMERGENCY MEDICAL CARE

ADMIN. OF MINOR FIRST AID PROCEDURES

WALKS & TRIPS

WADING

TRANSPORTATION BY FACILITY

PARENT SIGNATURE _____ DATE _____

Do NOT sign below this line

MID-YEAR UPDATE _____ DATE _____