

## Emergency Contact / Parental Consent Form

<b>Child's Name</b>			<b>Birthdate</b>	
<b>Home Address, City, State, Zipcode</b>				
<b>Parent/Legal Guardian #1 Name</b>		<b>Home Phone</b>	<b>Cell Phone</b>	
<b>Business Name, Address, Phone</b>				
<b>Parent/Legal Guardian #2 Name</b>		<b>Home Phone</b>	<b>Cell Phone</b>	
<b>Business Name, Address, Phone</b>				
<b>Emergency Contacts Information</b>				
<b>Emergency Contact #1</b>			<b>Phone #1 when child is in care</b>	
<b>Emergency Contact #2</b>			<b>Phone #2 when child is in care</b>	
<b>Emergency Contact #3</b>			<b>Phone #3 when child is in care</b>	
<b>Person to whom child may be released #1</b>		<b>Address #1</b>	<b>Phone #1 when child is in care</b>	
<b>Person to whom child may be released #2</b>		<b>Address #2</b>	<b>Phone #2 when child is in care</b>	
<b>Person to whom child may be released #3</b>		<b>Address #3</b>	<b>Phone #3 when child is in care</b>	
<b>Name of Child's Physician/Medical Care Provider</b>		<b>Address</b>	<b>Phone Number</b>	
<b>Special Disabilities (if any)</b>				
<b>Allergies (including medication reaction)</b>				
<b>Medical or Dietary Information necessary in an emergency situation</b>				
<b>Medication, special conditions</b>				
<b>Additional Information on special needs of child</b>				
<b>Health Insurance Coverage for child or medical assistance benefits</b>				
<b>Policy Number (required)</b>				
<b>Parent's Signature is required for each item below to indicate parental consent:</b>				
<b>Obtaining Emergency Medical Care</b>			<b>Date</b>	
<b>Admin of Minor First Aid Procedures</b>			<b>Date</b>	
<b>Walks and Trips</b>			<b>Date</b>	
<b>Transportation by the Facility</b>			<b>Date</b>	
<b>Signature of Parent or Guardian</b>			<b>Date</b>	
<b>Signature of Parent or Guardian</b>			<b>Date</b>	