Emergency Contact / Parental Consent Form

Child's Name: **Child's DOB**

Child's Address:

Mother's Name:

Email#1: ( ) statements ( )Center New ( )Emergency Notices

Email#2: ( ) statements ( )Center New ( )Emergency Notices

Mother's Address ( ) check if address is same as child or fill in below**:**

Home Phone #: **Cell Phone #:** **Work Phone #:**

Mother's work (name & address):

Father's Name:

Email#3: ( ) statements ( )Center New ( )Emergency Notices

Email#4: ( ) statements ( )Center New ( )Emergency Notices

Father's Address ( ) check if address is same as child or fill in below**:**

Home Phone #: **Cell Phone #:** **Work Phone #:**

Father's work (name & address):

PARENTS ARE THE INITIAL EMERGENCY CONTACTS Unless noted otherwise above. List below other

Name: **Address** **( ) Emergency Contact**
( ) Child May be Released to this person

Home Phone #: **Cell Phone #:** **Work Phone #:**

Name: **Address** **( ) Emergency Contact**
( ) Child May be Released to this person

Home Phone #: **Cell Phone #:** **Work Phone #:**

Name: **Address** **( ) Emergency Contact**
( ) Child May be Released to this person

Home Phone #: **Cell Phone #:** **Work Phone #:**

Name of Child's Physician/Doctor Office & Address: **Phone #:**

Special Disabilities (if any): **Allergies (including medication reaction):**

Medical//Dietary Information Necessary in an Emergency Situation: **Medication, Special Conditions:**

Additional Information on Special Needs of Child: **Health Insurance Provider & Policy Number:**

Parent's Signature REQUIRED for each item below to indicate parental consent.

Obtaining Emergency Medical Care: **Administration of Minor First Aid Procedures:** **Walks and Trips:**

This form MUST be updated as information changes; it must be reviewed & signed to indicate information is current, every six months

Parent's Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____