**Emergency Contact/Parental Consent Form**

**Child’s Name:** Click here to enter text.

**Birthdate:** Click here to enter text.

**Address:** Click here to enter text.

**Mother’s Name/Legal Guardian** Click here to enter text.

**Address:** Click here to enter text.

**Email Address:** Click here to enter text.

**Business Name:** Click here to enter text.

**Home #:** Click here to enter text.

**Cell #:** Click here to enter text.

**Work#:** Click here to enter text.

**Father’s Name/Legal Guardian** Click here to enter text.

**Address:** Click here to enter text.

**Email Address:** Click here to enter text.

**Business Name:** Click here to enter text.

**Home #:** Click here to enter text.

**Cell #:** Click here to enter text.

**Work#:** Click here to enter text.

**Emergency Contact Person(s) and Phone # When Child is in Care**

1. Click here to enter text. **Phone#:** Click here to enter text.
2. Click here to enter text. **Phone#:** Click here to enter text.
3. Click here to enter text. **Phone#:** Click here to enter text.

**Person(s) to Whom child May be Released**

1. Click here to enter text. **Address:** Click here to enter text. **Phone #:** Click here to enter text.
2. Click here to enter text. **Address:** Click here to enter text. **Phone #:** Click here to enter text.
3. Click here to enter text. **Address:** Click here to enter text. **Phone #:** Click here to enter text.

**Name of Child’s Physician/Medical Care Provider:** Click here to enter text.

**Address:** Click here to enter text. **Phone #:** Click here to enter text.

**Special Disabilities (if any):** Click here to enter text.

**Allergies (Including Medications Reactions):** Click here to enter text.

**Medical/Dietary Info Necessary in Emergency Situation:** Click here to enter text.

**Medication/Special Conditions:** Click here to enter text.

**Additional Information on Special Needs of Child:** Click here to enter text.

**Health Insurance coverage for Child or Medical Assistance Benefits:** Click here to enter text.

**Policy Number (Required):** Click here to enter text.

**Parent Signature Required for Each Item Below to Indicate Consent**

**Obtaining Emergency Medical Care** Click here to enter text.

**Administration of Minor First Aid Procedures** Click here to enter text.

**Walks and Trips** Click here to enter text.

**Signature of Parent or Guardian** Click here to enter text. **Date:** Click here to enter a date.

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