

# ECDC Emergency Contact/Parental Consent 2021-2022

\*Required Information

## \*Child

Name:

---

Date of Birth:

---

Address:

---

## \*Parent/Legal Guardian 1

Name:

---

Home Telephone Number:

---

Cell Phone Number:

---

Home Address:

---

Business Telephone Number:

---

Business Name and Address:

---

Email:

---

## Parent/Legal Guardian 2

Name:

---

Home Telephone Number:

---

Cell Phone Number:

---

Home Address:

---

Business Telephone Number:

---

Business Name and Address:

---

Email:

---

**\*Emergency Contact Person(s)**

Include name(s) and telephone number(s) when child is in care:

---

---

---

**Person(s) To Whom Child May Be Released**

Include name(s), address(es) and telephone number(s) when child is in care:

---

---

---

**\*Child's Physician/Medical Care Provider**

Name:

---

Phone:

---

Address:

---

**\*Special Disabilities (If Any):**

---

---

---

**\*Allergies (Including Medication Reaction):**

---

---

---

**\*Medical or Dietary Information Necessary in an Emergency Situation:**

---

---

---

**\*Medication, Special Conditions:**

---

---

---

**Additional Information on Special Needs of Child:**

---

---

---

**\*Health Insurance Coverage for Child or Medical Assistance Benefits:**

---

Policy Number:

---

**\*Signature of Parent or Guardian 1:**

---

Date:

---

**Signature of Parent or Guardian 2:**

---

Date:

---

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

Obtaining Medical Care:

---

Administration of Minor First-Aid Procedures:

---

Walks (around the building):

---

**Additional Information**

**Child's Nickname:**

---

**Language(s) Spoken at Home:**

---

**School District**

---

**Other Children in the Family (please list name and age):**

---

---

---

**Please describe your child's personality/interests and list any ways we can help your child at school:**

---

---

---

**Please list any concerns including medical, family changes, sensitivities, fears & behaviors. Please describe any special needs and ways we can support your child.**

---

---

---

**Please check all that apply.**

- My child has been evaluated by a child development professional.
- My child receives Early Intervention.
- My child has an IEP.

Use the space below to provide further information.

---

---

---

**\*May we post your child's picture on Remini?**

Remini is a school/family app with a secure communications platform. Remini will be used to share school experiences and to provide specific information. Please see our handbook for more information.

- Yes
- No

**May we post your child's picture on the Temple Emanuel/ECDC Website?**

- Yes
- No

**\*Parent Signature:**

---

**Date:**

---