

EMERGENCY CONTACT & PARENTAL CONSENT FORM

CHILD'S NAME	BIRTHDATE	
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN	HOME PHONE	
ADDRESS	CELL PHONE	
EMPLOYER NAME	WORK PHONE	
FATHER'S NAME/LEGAL GUARDIAN	HOME PHONE	
ADDRESS	CELL PHONE	
EMPLOYER NAME	WORK PHONE	
EMERGENCY CONTACT PERSON(S) - Please list IN ORDER who we should call. Use back if needed. PHONE NUMBER		
1		
2		
ADDITIONAL PERSON(S) TO WHOM CHILD MAY BE RELEASED <i>OTHER THAN PARENTS</i>. PHONE NUMBER		
1		
2		
3		
*** PLEASE USE BACK OF SHEET IF LISTING MORE THAN THREE ADDITIONAL PERSONS TO WHOM CHILD MAY BE RELEASED ***		
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	TELEPHONE	
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTIONS)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD	MEDICATIONS, SPECIAL CONDITIONS	
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)	
PLEASE INITIAL UNDER <u>EACH</u> ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMINISTRATION OF MINOR FIRST AID PROCEDURES	WALKS
SIGNATURE OF PARENT OR LEGAL GUARDIAN		DATE
SIGNATURE OF PARENT OR LEGAL GUARDIAN		DATE