

## Emergency Contact / Parental Consent Form

Childs Name	Birthday
Childs Address	
Mothers Name / Legal Gaurdian	Home Phone
Address	Cell Phone
Email Address	
Business Name	Business Phone
Address	Ext
Fathers Name / Legal Gaurdian	Home Phone
Address	Cell Phone
Email Address	
Business Name	Business Phone
Address	Ext

### Emergency Contact / Release Person(s) (You MUST list at least one)

\*Please list in order we should call\*

Name	Realtionship to Child	Contact Number
1st		
2nd		
3rd		
4th		

**Please list any additional Person(s) to whom the child may be released on the reverse side of this form**  
(If different from emergency contacts)

Name of childs physician/medical care provider	
Address	Telephone
Special Disabilities (If any)	Allergies (Including Medication Reaction)
Medical or Dietary Information in an Emergency situation	Medication
Additional Information on Special Needs of Child	
Health Insurance Coverage or Medical Assistance Benefits	Policy Number (Required)

**Parents Signature is required/Initials IS REQUIRED for each item below to indicate parental consent**

Obtaining Emergency Care	Admin of Minor First Aid Procedures
Walks	Swimming
Field Trips	Wading
Transportation By The Facility	

\*\*\*\*\*

Bi-Annual Time Period Covered	TO	Date
Name _____ Signature of legal Gaurdian		

\*\*\*\*\*

Bi-Annual Time Period Covered	TO	Date
Name _____ Signature of legal Gaurdian		

\*\*\*\*\*

Bi-Annual Time Period Covered	TO	Date
Name _____ Signature of legal Gaurdian		

\*\*\*\*\*

Bi-Annual Time Period Covered	TO	Date
-------------------------------	----	------