

Emergency Contact/Parental Consent Form

Completion of this Agreement is REQUIRED for enrollment. This information is filed in each classroom of the building so we have emergency information on hand. We will not release children to anyone other than individuals listed below.

**CHILD INFORMATION**

First Name: Middle: Last: Birthdate:

Home address:

**PRIMARY CONTACT & RELEASE PERSONS** – parents or guardians

**Parent/Guardian #1** Relationship:Business Name:

Address: Business Address:

Cell Phone: Home Phone: Business Phone:

**Parent/Guardian #2** Relationship:Business Name:

Address: Business Address:

Cell Phone: Home Phone: Business Phone:

**EMERGENCY CONTACT & RELEASE PERSONS** – do not include parents/guardians - list a minimum of 1 person

If possible, notify the center if an Emergency Release Person will be picking up your child on a given day. For the safety of your child, ALL Emergency Contacts must provide valid photo identification before child will be released. The persons designated in this section may be contacted and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached. ***Release persons must be 18 years of age or older***.

**Name #1** Relationship to child: Cell Phone:

Address: Home Phone: Driver’s License #:

**Name #2** Relationship to child: Cell Phone:

Address: Home Phone: Driver’s License #:

**Name #3** Relationship to child: Cell Phone:

Address: Home Phone: Driver’s License #:

**MEDICAL INFORMATION**

Physician/Medical Care Provider: Phone:

Address: Allergies: Special Disabilities:

Medications, Special Conditions, Medical or Dietary Information:

**Health Insurance Coverage or Medical Assistance Benefits REQUIRED: Policy Number REQUIRED:**

**PARENT/GUARDIAN SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE CONSENT**

OBTAINING EMERGENCY MEDICAL CARE: ADMIN OF FIRST AID PROCEDURES:

Hospital to be taken to:

Walks & Trips: Transportation by facility: Photo Authorization:

**Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6 month periodic review:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**