

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: _____

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:** _____

Medications, Special Conditions, Medical or Dietary Information: _____ Does your child receive a flu shot annually? Yes No
If no, select reason: Religious Personal Preference

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: _____ Hospital to be taken to: _____

ADMINISTRATION OF FIRST AID PROCEDURES: _____

Walks & Trips: _____ Playground Access: _____

Transportation by Facility: _____ Photo Authorization: _____

Parent/Guardian Signature: _____ **Date:** _____

6 month periodic review: _____ **Date:** _____