

# Emergency Contact/Parental Consent Form



Completion of this consent form is REQUIRED for enrollment. A copy of this form is filed in each classroom of the building in order to have emergency information on hand. Children will not be released to anyone other than individuals listed below.

## CHILD INFORMATION

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Birthdate: \_\_\_\_\_

## PRIMARY CONTACT & RELEASE PERSONS – parents or guardians

<b>Parent/Guardian #1</b>	Relationship:	Business Name:
Address:	Business Address:	
Cell Phone:	Home Phone:	Business Phone:
<b>Parent/Guardian #2</b>	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.**

<b>Name #1</b>	Relationship to child:	Cell Phone:
Address:	Home Phone:	Driver's License #:
<b>Name #2</b>	Relationship to child:	Cell Phone:
Address:	Home Phone:	Driver's License #:
<b>Name #3</b>	Relationship to child:	Cell Phone:
Address:	Home Phone:	Driver's License #:

## MEDICAL INFORMATION

Physician/Medical Care Provider:	Phone:
Address:	<b>ALLERGIES:</b>
Medications, Special Conditions, Medical or Dietary Information:	Does your child receive a flu shot annually? Yes <input type="checkbox"/> Last received _____ No <input type="checkbox"/> If no, you must attach a letter stating the reason for exemption.
<b>Health Insurance Coverage or Medical Assistance Benefits REQUIRED:</b>	<b>Policy Number REQUIRED:</b>

## 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: \_\_\_\_\_ Handbook Acknowledgment: \_\_\_\_\_  
 Walks & Trips: \_\_\_\_\_ Playground Access: \_\_\_\_\_  
 Transportation by Facility: \_\_\_\_\_ Photo Authorization: \_\_\_\_\_

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

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