

# EMERGENCY CONTACT / PARENTAL CONSENT FORM

**PERIODIC REVIEW OF PARENT/GUARDIAN: (To be signed every 6 months to verify current information)**

Signature :	Date:	Signature:	Date:
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CHILD'S NAME	Date of Birth:	
Address/Town/State/Zip Code:	Child's Race:	
MOTHER'S NAME / LEGAL GUARDIAN:	Home Tele #	Cell Phone #
Address/Town/State/Zip Code:	e-mail address:	
Business Name:	Business Tele #	
Address/Town/State:	Zip Code	
FATHER'S NAME / LEGAL GUARDIAN:	Home Tele #	Cell Phone #
Address/Town/State/Zip Code:	e-mail address:	
Business Name:	Business Tele #	
Address/Town/State:	Zip Code	

**\*EMERGENCY CONTACTS / PERSONS TO WHOM CHILD MAY BE RELEASED (OTHER THAN PARENTS)**

NAME (Day time)	ADDRESS (include Town, State and Zip Code)	TELEPHONE #

<b>Medical Information</b>	<b>Medical Information</b>
NAME OF CHILD'S PHYSICIAN /MEDICAL CARE PROVIDER:	Allergies including Medication Reaction:
Address	Medical or Dietary Information Necessary in an Emergency Situation:
Town / State / Zip Code	Special Disabilities( if any):
TELEPHONE #	Medication, Special Conditions:
Health Insurance Coverage for Child or Medical Assistance Benefits:	IFSP/IEP (Please submit current copies after each evaluation period)
Policy Number (Required)	Information on special needs of child:

**\*\*PARENT SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT:**

Obtaining Emergency Medical Care:	Administration of Minor First Aid Procedures:
Walks and Trips:	Swimming:
Transportation by the Facility:	Wading:

Parent/Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_\_