

EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME:	DATE OF BIRTH:
ADDRESS:	
PARENT'S NAME/LEGAL GUARDIAN:	HOME PHONE #:
ADDRESS:	
BUSINESS NAME:	BUSINESS PHONE #:
BUSINESS ADDRESS:	
PARENT'S NAME/LEGAL GUARDIAN:	HOME PHONE #:
ADDRESS:	
BUSINESS NAME:	BUSINESS PHONE #:
BUSINESS ADDRESS:	
EMERGENCY CONTACT PERSONS – PLEASE LIST TWO NAMES AND PHONE NUMBERS	
CONTACT #1 NAME	PHONE #:
CONTACT #2 NAME	PHONE #:
PERSONS TO WHOM CHILD MAY BE RELEASED – PLEASE LIST <u>TWO NAMES, ADDRESSES, & PHONE #S</u>	
# 1	
# 2	
CHILD'S PHYSICIAN:	PHONE #:
ADDRESS:	
SPECIAL DISABILITIES (IF ANY):	
ALLERGIES:	
MEDICATION, SPECIAL SITUATION:	
MEDICAL or DIETARY INFORMATION NECESSARY IN EMERGENCY:	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD:	
HEALTH INSURANCE COMPANY OR MEDICAL ASSISTANCE:	POLICY #
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT	
OBTAIN EMERGENCY MEDICAL CARE	TRANSPORTATION BY FACILITY N/A
ADMIN OF MINOR FIRST-AID PROCEDURES	SWIMMING N/A
WALKS AND TRIPS	WADING N/A

JULY, 2025 PARENT SIGNATURE: _____

DATE: _____

** JANUARY, 2026 PARENT SIGNATURE: _____

DATE: _____