



Emergency Contact



Child's Name _____ Date of Birth ___/___/___
 Address _____

Mother's Name / Legal Guardian _____ Home Phone _____
 Address _____
 Business Name _____ Business Phone _____
 Address _____

Father's Name / Legal Guardian _____ Home Phone _____
 Address _____
 Business Name _____ Business Phone _____
 Address _____

Emergency Contact Persons

Name _____	Phone _____	Name _____	Phone _____
Name _____	Phone _____	Name _____	Phone _____

Person(s) to whom child may be released (Full address and phone number required by state.)

Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

Child's Physician / Medical Provider _____ Phone _____
 Address _____
 Special Disabilities _____ Allergies / Including Medication Reaction _____
 Medical or Dietary Information Necessary in Emergency Situation _____
 Medication, Special Conditions _____
 Additional Information on Special Needs of Child _____
 Health Insurance Coverage for Child or Medical Assistance Benefits _____ Policy # _____

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

- OBTAINING EMERGENCY MEDICAL CARE
- ADMIN. OF MINOR FIRST AID PROCEDURES
- WALKS & TRIPS
- SWIMMING
- TRANSPORTATION BY THE FACILITY
- WADING

Parent Signature _____
 Parent Signature _____
 Parent Signature _____
 Parent Signature _____
 Parent Signature _____
 Parent Signature _____

PERIODIC REVIEW

Parent Signature _____ Date ___/___/___ Parent Signature _____ Date ___/___/___

