



Emergency Contact/Parental Consent Form

(Both Front and Back Must Be Completed)

Child's Full Name _____ Nick Name _____

Gender _____ Date of Birth _____ Age in September (Yr./Mo) _____

Address _____

City _____ State _____ Zip _____

Mother's Name _____ Home # _____

Mother's Occupation _____ Hrs. @ Work _____ Wrk. # _____

Mother's Cell # _____ Mother's E-Mail _____

Father's Name _____ Home # _____

Father's Occupation _____ Hrs. @ Work _____ Wrk. # _____

Father's Cell # _____ Father's E-Mail _____

Guardian's Full Name _____

Marital Status _____

If Parents Are Separated or Divorced, Is There Joint Custody? _____

Child Lives With? _____

Sibling's Name _____ Age _____ Name _____ Age _____

Emergency Contact Persons

Name	Cell #	Hm. #	Wrk #
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1. _____	_____	_____	_____
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2. _____	_____	_____	_____
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3. _____	_____	_____	_____
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Person(s) To Whom The Child May Be Released	Relationship
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1. _____	_____
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2. _____	_____
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3. _____	_____
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Name of Child's Physician/Medical Care Provider	Phone
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_____	_____
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Special Disabilities (attach separate sheet if necessary)

Health Issues? (include medical reactions & necessary action steps)

Medical or Dietary Information Necessary In A Medical Emergency Situation

Has The Applicant Been Diagnosed With Any Special Medical or Psychological Condition? If Yes, Please Provide Details To Help Us Better Understand (attach separate sheet if necessary)

Additional Information on Special Needs of Child (attach separate sheet if necessary)

Health Insurance Coverage for Child or Medical Assistance Benefits Policy Number

Parent's Initials are Required Below To Indicate Parental Consent for the Following:

<u>Mother</u>	<u>Father</u>	<u>Circumstance</u>
_____	_____	To Obtain Emergency Medical Care
_____	_____	To Admin. First Aid/CPR
_____	_____	To Take Neighborhood Walks
_____	_____	Participate in Water Play
_____	_____	Use Photos, Voice Recordings, and/or Video Footage for Commercial, Marketing, Professional Development and/or Art Purposes With or Without Text

Does your child have any known allergies? Yes No

Please list the things that your child is allergic to: N/A

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Does a reaction occur if your child is in the presence of these things or only if ingested?

What are the appropriate action steps to assist your child in the event that a reaction occurs?

1. _____
2. _____
3. _____
4. _____
5. _____

Signature of Father _____ Date _____
 Signature of Mother _____ Date _____