

## Emergency Medical Contact/ Parental Consent Form

<b>Child's Name</b>		Date of Birth
Address		
<b>Parent's Name/Legal Guardian</b>		Home Telephone Number
Address		
Business Name		Business Phone Number
Business Address		
<b>Parent's Name/Legal Guardian</b>		Home Telephone Number
Address		
Business Name		Business Phone Number
Business Address		
<b>Emergency Contact Person(s)</b>		
Name(s)		Phone No. when Child is in Care
<b>Person(s) To Whom the Child May Be Released</b>		
Name and Address		Phone No. When Child is in Care
<b>Name of Child's Physician/Medical Care Provider</b>		Phone Number
Address		
Special Disabilities (If any )		Allergies (including Medication Reaction
Medical or Dietary Information Necessary In an Emergency Situation		Medication, Special Situation
Additional Information on Special Needs of Child		
Health Insurance Coverage for Child or Medical Assistance Benefits		Policy Number
<b>PARENT'S SIGNATURE REQUIRED ON EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>		<b>ADMIN. OF FIRST AID PROCEDURES</b>
Signature of Parent/Guardian		Date
Signature of Parent/Guardian		Date