

EMERGENCY CONTACT/PARENTAL CONSENT FORM 2017-2018

Child's Name _____ Birthdate _____

Street Address _____

Mother's Name/Legal Guardian _____ Phone No _____

Address _____

Mother's Email Address _____

Mother's Place of Employment _____ Phone No _____

Business Address _____

Father's Name/Legal Guardian _____ Phone No _____

Street Address _____

Father's Email Address _____

Father's Place of Employment _____ Phone No _____

Business Address _____

.....
Emergency Contact Person(s)

Name

Telephone Number when Child is in care

Person(s) to whom child may be released

Name

Address

Telephone Number when Child is in Care

.....
Name of Child's Physician/Medical Care Provider _____

Address _____ Phone No _____

Allergies (environmental/medicine) _____

Dietary preferences/food restrictions/food allergies _____

Disabilities/Special needs of child (if any) _____

Is child on medication? If yes, please list _____

Any additional information needed in the event of an emergency situation _____

Health Insurance/Medical Assistance Benefits _____

Policy No _____

Parent's Signature is required for each item below to indicate parental consent.

Permission to administer minor first-aid procedures _____

Permission to obtain emergency medical care _____

Permission to take walks off the premises _____

(Parents of toddler/pre-school/pre-kindergarten/kindergarten students will be notified in advance if there are any plans to do this)

Mother/Legal Guardian's Signature _____

Father/Legal Guardian's Signature _____

Date _____

PLEASE CONTACT THE OFFICE IF YOU MAKE ANY CHANGES TO THIS INFORMATION THROUGHOUT THE SCHOOL YEAR. THANK YOU.

****Periodic review (to be done February 2018). Please make changes directly on form and then sign below.****

Mother/Legal Guardian's Signature _____

Father/Legal Guardian's Signature _____

Date _____