

EMERGENCY CONTACT/PARENTAL CONSENT FORM 2015-2016

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 (including medication reactions) _____

Special Disabilities/Special needs of child (if any) _____

Is child on medication? If yes, please list _____

Any medical or dietary information necessary in emergency situations _____

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 and kindergarten students will be notified of 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 IN THIS INFORMATION THROUGHOUT THE SCHOOL YEAR. THANK YOU.

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

Mother/Legal Guardian's Signature_____

Father/Legal Guardian's Signature_____

Date_____