



Emergency Contact / Parental Consent Form

Child's Name _____ Birthdate ____/____/____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____

Mother's Name/Legal Guardian _____

Address _____ Cell Phone Number (____) _____

Email Address _____

Business Name _____ Phone Number (____) _____

Father's Name/Legal Guardian _____

Address _____ Cell Phone Number (____) _____

Email Address _____

Business Name _____ Phone Number (____) _____

Emergency Contact Person(s)

1 Name _____ Relationship to Child _____

Phone Number When Child Is In Care (____) _____

2 Name _____ Relationship to Child _____

Phone Number When Child Is In Care (____) _____

Person(s) To Whom Child May Be Released

1 Name _____ Phone Number _____

Address: _____

2 Name _____ Phone Number _____

Address: _____

3 Name _____ Phone Number _____

Address: _____

4 Name _____ Phone Number _____

Address: _____

Physician/Medical Provider

Name _____

Address _____ Phone Number (____) _____

Health Insurance Coverage for Child or Medical Assistance Benefits _____

Policy Number (Required) _____

Special Disabilities (If Any) _____

Allergies (Including Medication Reaction) _____

Medical or Dietary Information Necessary in an Emergency _____

Medications, Special Conditions _____

Additional Information on Special Needs of Child _____

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, it would be beneficial to share this plan with us so we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so.

- I am providing a copy of my child's IEP or IFSP.
- I am not providing a copy of my child's IEP or IFSP and/or this not applicable to my child.

Signature of Parent/Legal Guardian _____ Date _____

Parent's Signature Is Required for Each Item below to Indicate Parental Consent:

Obtaining Emergency Medical Care:

Signature of Parent/Legal Guardian _____ Date _____

Administration of Minor First - Aid Procedures:

Signature of Parent/Legal Guardian _____ Date _____

I, the Parent/Legal Guardian agree to update the emergency contact/parental consent from information whenever changes occur or every 6 months at a minimum.

Signature of Parent/Legal Guardian _____ Date _____