

Emergency Contact / Parental Consent Form

State law requires that we have written authorization from a child's legal guardian to seek medical help in the event of a medical emergency. Signing the statement at the bottom of this letter will provide us with that authorization. Our policy, in the event of a medical emergency is to contact you first. If we can't contact you, we will try to contact any others you may designate. In the event that we are unable to contact you or your designated representative(s), or if the medical emergency warrants immediate response, we will act, on your behalf and in the best interests of the child.

Please Sign and Date Here: X _____ **Date** _____

PRINT

Child's Name	Birthday
Address	
Mother's Name/Legal Guardian	Home Telephone Number
Address	City State Zip Code
Email Address	Cell Phone
Business Name	Business address Business Telephone Number
Father's Name/Legal Guardian	Cell Phone Home Telephone Number
Address	City State Zip Code
Business Name	Business address Business Telephone Number
Email Address	
Emergency Contact Person(s)	Telephone Number When Child Is In Care
Person(s) To Whom Child May Be Released	Address Telephone Number When Child Is In Care
Name of Child's Physician/Medical Care Provider	Telephone Number
Address	
Special Disabilities (if any)	Allergies (Including Medication Reaction)
Medical or Dietary Information Necessary in an Emergency Situation	Medication Special Conditions
Additional Information on Special Needs of Child	
Health Insurance Coverage for Child or Medical Assistance Benefits	Policy Number (Required)
Parent's Signature Is Required for Each Item Below to Indicate Parental Consent	
Obtaining Emergency Medical Care X	Admin. of Minor First-Aid Procedures X
Walks and Trips X	Transportation by the Facility X

Signature and Date of Parent or Guardian: X _____

Signature and Date of Parent or Guardian: _____