

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** _____

Child's Name	Birthday
Address	
Primary Parent Name/Legal Guardian	Home Telephone Number
Address	
Email Address	
Employer Name	Employer Address
Employer Telephone Number	
Address	
Secondary Parent Name/Legal Guardian	Home Telephone Number
Address	
Email Address	
Employer Name	Employer Address
Employer Telephone Number	
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

<input checked="" type="checkbox"/> Obtaining Emergency Medical Care	<input checked="" type="checkbox"/> Admin. of Minor First-Aid Procedures
<input checked="" type="checkbox"/> Walks and Trips	<input checked="" type="checkbox"/> Transportation by the Facility

Signature and Date of Parent or Guardian: X _____

Signature and Date of Parent or Guardian: _____