

EMERGENCY CONTACT AND PARENTAL CONSENT

THIS FORM MUST BE TAKEN WITH THE CHILD WHEN EMERGENCY MEDICAL CARE IS NEEDED.

Child's Name: _____ **Birth Date:** _____
Address: _____

Mother / Legal Guardian's Name: _____ **Home Number:** _____
Address: _____ **Cell Number:** _____
Work Address: _____ **Work Number:** _____

Father / Legal Guardian's Name: _____ **Home Number:** _____
Address: _____ **Cell Number:** _____
Work Address: _____ **Work Number:** _____

Emergency Contact Person: _____ **Contact Number:** _____
Emergency Contact Person: _____ **Contact Number:** _____

Physician / Medical Care Source: _____ **Contact Number:** _____

Health Insurance Carrier & Policy Number: _____

Persons authorized to pick up child:

Name: _____ **Name:** _____
Name: _____ **Name:** _____

Allergies or reaction: (food or other)

Please Explain:

YES **NO**

Other Health Concerns (special

disabilities):

Please Explain:

SIGNATURE OF PARENT OR GUARDIAN

DATE