

EMERGENCY CONTACT /PARENTAL CONSENT FORM

CHILD'S NAME:	Date of Birth:	
Address, Town, State, Zip Code	Child's Race:	
PARENT'S NAME/LEGAL GUARDIAN:	Home Tele#	Cell Phone #
Address, Town, State, Zip Code: (May NOT write "Same as Above")	e-mail address	
Business Name:	Business Tele #	
Address, Town, State, Zip Code:	Zip Code	
PARENT'S NAME/LEGAL GUARDIAN:	Home Tele#	Cell Phone #
Address, Town, State, Zip Code: (May NOT write "Same as Above")	Zip Code	
Business Name:	Business Tele #	
Address, Town, State, Zip Code:	e-mail address	

EMERGENCY CONTACT PERSONS / PERSONS TO WHOM CHILD MAY BE RELEASED (OTHER THAN PARENTS)

Name	Address, Town, State, Zip Code	Phone # while in Child Care

Medical Information

NAME OF CHILD'S PHYSICIAN /MEDICAL CARE PROVIDER	Medical or Dietary Information Necessary in an Emergency Situation: Permission to post <input type="checkbox"/>Yes <input type="checkbox"/>No
Address	Special Disabilities(if any):
Town, State & Zip Code	Allergies including Medication-Reaction:
TELEPHONE #	Medication, Special Conditions:
Name of Health Insurance Coverage for Child or Medical Assistance Benefits:	Does child have an IFSP/IEP <input type="checkbox"/>Yes <input type="checkbox"/>No Please submit current copies after each evaluation <input type="checkbox"/>Enclosed
Policy #: (Required) Group #	Additional Information on Special Needs of Child:

PARENT SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

<input checked="" type="checkbox"/> Obtaining Emergency Medical Care: _____	<input checked="" type="checkbox"/> Administration of Minor First Aid Procedures: _____
<input checked="" type="checkbox"/> Walks and Trips: _____	<input checked="" type="checkbox"/> Swimming/Wading: _____
<input checked="" type="checkbox"/> Transportation by the Facility: _____ Emergencies only	<input checked="" type="checkbox"/> Signature: _____ Date: _____

***PERIODIC REVIEW: To be signed after 6 months + every 6 months to verify current information above.**

Signature of Parent/Guardian*:	Date:	Signature of Parent/Guardian*:	Date: