

## EMERGENCY CONTACT / PARENTAL CONSENT FORM

CODE CHAPTERS 3270.124(a)(b), 3270.181 & .182, 3280 124 (a)(b), 3280.181 & .182: 3290.124 (a)(b). 33290.181

<b>CHILD'S NAME</b>		BIRTHDATE
ADDRESS		
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>		HOME/CELL TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		EMPLOYER TELEPHONE NUMBER
ADDRESS		
<b>FATHER'S NAME/LEGAL GUARDIAN</b>		HOME/CELL TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		EMPLOYER TELEPHONE NUMBER
ADDRESS		
<b>EMERGENCY CONTACT PERSON(S) NAME</b>		TELEPHONE NUMBER WHEN CHILD IS IN CARE
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASE</b>	NAME	ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>	<b>ADMINISTRATION OF MINOR FIRST AID PROCEDURES</b>	
<b>WALKS AND TRIPS</b>	<b>SUNSCREEN APPLICATION</b>	
<b>TRANSPORTATION BY THE FACILITY</b>	<b>WATER PLAY</b>	

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
**6 MONTH REVIEW** SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE