

**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 Telephone Number	
Father's Name/Legal Guardian		Home Telephone Number	
Address	City	State	Zip Code
Business Name		Business Telephone Number	
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 \_\_\_\_\_

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