

EMERGENCY CONTACT AND PARENTAL CONSENT

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

Child's Name: _____ Birth Date: _____

Street Address: _____ City, State, Zip: _____

Mother/Legal Guardian's Name: _____

Street Address _____ City, State, Zip: _____

Work Address: _____ City, State, Zip: _____

Home Number: _____ Cell Number: _____ Work Number: _____

Email Address: _____

Father/Legal Guardian's Name: _____

Street Address _____ City, State, Zip: _____

Work Address: _____ City, State, Zip: _____

Home Number: _____ Cell Number: _____ Work Number: _____

Email Address: _____

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: _____