

APPLICATION & EMERGENCY CONTACT/PARENTAL CONSENT FORM

Child's Name: _____ Birthdate: _____

Home School District: _____ Child Lives with Mom: ____ Dad: ____ Both: ____

Mother's Name/Legal Guardian: _____ Birthdate _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Employer's Name: _____ Employer's Phone: _____

Employer's Address: _____ City: _____ State: ____ Zip: _____

Father's Name/Legal Guardian: _____ Birthdate _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Employer's Name: _____ Employer's Phone: _____

Employer's Address: _____ City: _____ State: ____ Zip: _____

Parent's Email Address: _____ Mom: ____ or Dad: ____

PERSON (S) TO WHOM CHILD MAY BE RELEASED AND/OR CONTACTED IN CASE OF EMERGENCY:
(OTHER THAN PARENTS) **Please complete full address and list ALL phone numbers
(home/work/cellular)**

Name Address

Phone (H) Phone (W) Phone (C)

Name Address

Phone (H) Phone (W) Phone (C)

Name Address

Phone (H) Phone (W) Phone (C)

NAME & ADDRESS OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER:

Telephone: _____

Preferred Hospital: _____

HEALTH INSURANCE: _____
Insurance Name Policy # Group #

EMERGENCY MEDICAL INFORMATION: _____

ALLERGIES: _____ DIET RESTRICTIONS: _____

ALLERGIC REACTIONS: _____

EPI PEN PROVIDED: _____ EXPIRATION DATE: _____

INHALER PROVIDED: _____

NEBULIZER NEEDED: _____

PARENT INITIAL IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT:
Obtaining Emergency Medical Care: _____ Water Play: _____ Walks: _____
Administration of Minor First-Aid Procedures: _____ Posting of Allergies/Diet Restrictions: _____
Photos of child for use by Center: _____

Transportation by the Facility (School Age ONLY): _____

Signature of Parent or Guardian Date

For February: (semi-annual review of information)

I reviewed and corrected, if necessary, the above emergency information.

Signature of Parent or Guardian Date