

# EMERGENCY CONTACT/PARENTAL CONSENT FORM

TCDN 1/03

<b>CHILDS NAME</b>	<b>BIRTH DATE</b>
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ADDRESS

<b>MOTHER'S NAME/LEGAL GUARDIAN</b>	<b>HOME TELEPHONE NUMBER</b>
<b>ADDRESS</b>	<b>E-MAIL</b>

<b>BUSINESS NAME NUMBER</b>	<b>OCCUPATION</b>	<b>BUSINESS TELEPHONE</b>
<b>ADDRESS</b>		<b>CELL</b>
<b>BEEPER</b>		

<b>FATHER'S NAME/LEGAL GUARDIAN</b>	<b>HOME TELEPHONE NUMBER</b>
<b>ADDRESS</b>	<b>E-MAIL</b>

<b>BUSINESS NAME NUMBER</b>	<b>OCCUPATION</b>	<b>BUSINESS TELEPHONE</b>
<b>ADDRESS</b>		<b>CELL</b>
<b>BEEPER</b>		

<b>EMERGENCY CONTACT PERSON (S) CARE</b>	<b>NAME</b>	<b>TELEPHONE NUMBER WHEN CHILD IS IN CARE</b>

<b>PERSON (S) TO WHOM CHILD MAY BE RELEASED</b>	<b>NAME</b>	<b>ADDRESS</b>	<b>TELEPHONE NUMBER WHEN CHILD IS IN CARE</b>

<b>NAME OF CHILDS PHYSICIAN/MEDICAL CARE PROVIDER</b>	<b>TELEPHONE NUMBER</b>
<b>ADDRESS</b>	

<b>SPECIAL DISABILITIES (IF ANY) REACTION)</b>	<b>ALLERGIES (INCLUDING MEDICATION</b>
<b>MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION</b>	<b>MEDICATION, SPECIAL CONDITIONS</b>
<b>ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD</b>	
<b>HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS</b>	<b>POLICY NUMBER (REQUIRED)</b>

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

<b>OBTAINING EMERGENCY MEDICAL CARE</b>	<b>ADMIN. OF MINOR FIRST – AID PROCEDURES</b>
<b>WALKS AND TRIPS</b>	<b>SWIMMING-WADING</b>
<b>TRANSPORTATION BY THE FACILITY</b>	<b>PHOTOGRAPHS</b>
<b>PERIODIC REVIEW</b>	

SIGNATURE OF PARENT OR GUARDIAN	DATE
SIGNATURE OF PARENT OR GUARDIAN	DATE