

## Emergency Contact and Parent Consent Form

|                               |  |
|-------------------------------|--|
| <b>Child's Full Name:</b>     |  |
| <b>Birth date:</b>            |  |
| <b>Street address:</b>        |  |
| <b>City, State, Zip Code:</b> |  |
| <b>Home Phone:</b>            |  |

| <b>Sibling(s) Name:</b> | <b>Birth date:</b> | <b>Living in Child's Home? (Y/N):</b> |
|-------------------------|--------------------|---------------------------------------|
|                         |                    |                                       |
|                         |                    |                                       |
|                         |                    |                                       |

|                                    |  |
|------------------------------------|--|
| <b>Mother's (guardian's) name:</b> |  |
| <b>Maiden name:</b>                |  |
| <b>Birth date:</b>                 |  |
| <b>Home street address:</b>        |  |
| <b>City, State, Zip Code:</b>      |  |
| <b>Home Phone:</b>                 |  |
| <b>Home e-mail:</b>                |  |
| <b>Work/Company Name</b>           |  |
| <b>Work street address:</b>        |  |
| <b>City, State, Zip Code:</b>      |  |
| <b>Work Phone:</b>                 |  |
| <b>Work e-mail:</b>                |  |
| <b>Cellular Phone:</b>             |  |
| <b>Other (please specify):</b>     |  |

|                                    |  |
|------------------------------------|--|
| <b>Father's (Guardian's) name:</b> |  |
| <b>Birth date:</b>                 |  |
| <b>Home street address:</b>        |  |
| <b>City, State, Zip Code:</b>      |  |
| <b>Home Phone:</b>                 |  |
| <b>Home e-mail:</b>                |  |
| <b>Work/Company Name</b>           |  |
| <b>Work street address:</b>        |  |
| <b>City, State, Zip Code:</b>      |  |
| <b>Work Phone:</b>                 |  |
| <b>Work e-mail:</b>                |  |
| <b>Cellular Phone:</b>             |  |
| <b>Other (please specify):</b>     |  |

## Emergency Contact and Parent Consent Form

Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

|                                          |  |
|------------------------------------------|--|
| <b>1<sup>st</sup> Alternate Contact:</b> |  |
| <b>Relationship to child:</b>            |  |
| <b>Home street address:</b>              |  |
| <b>City, State, Zip Code:</b>            |  |
| <b>Home Phone:</b>                       |  |
| <b>Home e-mail:</b>                      |  |
| <b>Work Phone:</b>                       |  |
| <b>Cellular Phone:</b>                   |  |

|                                          |  |
|------------------------------------------|--|
| <b>2<sup>nd</sup> Alternate Contact:</b> |  |
| <b>Relationship to child:</b>            |  |
| <b>Home street address:</b>              |  |
| <b>City, State, Zip Code:</b>            |  |
| <b>Home Phone:</b>                       |  |
| <b>Home e-mail:</b>                      |  |
| <b>Work Phone:</b>                       |  |
| <b>Cellular Phone:</b>                   |  |

|                                                    |  |
|----------------------------------------------------|--|
| <b>Child's Physician (or name of clinic):</b>      |  |
| <b>Preferred Practitioner:</b>                     |  |
| <b>Street Address:</b>                             |  |
| <b>City, State, Zip Code:</b>                      |  |
| <b>Telephone Number:</b>                           |  |
| <b>Special Disabilities: (n/a if none)</b>         |  |
| <b>Chronic Physical Conditions: (n/a if none):</b> |  |
| <b>Special Diet (n/a if none):</b>                 |  |
| <b>Allergies: (n/a if none):</b>                   |  |
| <b>Action to be taken if Exposed to Allergen:</b>  |  |

**Parent Signature is required for each item below to indicate parental consent**

|                                                             |  |
|-------------------------------------------------------------|--|
| <b>Obtaining Emergency Medical Care</b>                     |  |
| <b>Administration of minor First Aid</b>                    |  |
| <b>Posting your child's name on our school Allergy List</b> |  |
| <b>Publicity Pictures</b>                                   |  |
| <b>Parent Signature and Date</b>                            |  |