EMERGENCY CONTACT FORM

CHILD'S NAME	BIRTHDATE
ADDRESS	
MOTHER'S NAME/LEGAL GAURDIAN	HOME TELPHONE NUMBER
ADDRESS	
BUSINESS NAME	BUSINESS TELEPHONE NUMBER
BUSINESS ADDRESS	CELL PHONE NUMBER
FATHER'S NAME/LEGAL GAURDIAN	HOME TELPHONE NUMBER
ADDRESS	
BUSINESS NAME	BUSINESS TELEPHONE NUMBER
BUSINESS ADDRESS	CELL PHONE NUMBER

EMERGENCY CONTACT PERSON (S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE

PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	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 SITUTATION	MEDICAL SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD	
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENFITS	POLICY NUMBER (REQUIRED)

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

OBTAINING EMERGENCY MEDICAL CARE **SIGNATURE**_____ Date:_____	ADMIN. OF MINOR FIRST AID PROCEDURES **SIGNATURE**_____ Date:_____
WALKS AND TRIPS **SIGNATURE**_____ Date:_____	SWIMMING **SIGNATURE**_____ Date:_____
TRANSPORTATION BY THE FACILITY **SIGNATURE**_____ Date:_____	WADING **SIGNATURE**_____ Date:_____

PERIODIC REVIEW REQUIRED EVERY 6 MONTHS

SIGNATURE BELOW CONFIRMS ALL ABOVE INFORMATION IS CURRENT AND CORRECT

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