

EMERGENCY CONTACT / PARENTAL CONSENT FORM

Child's Name	Sex	Birth Date
Address Street	City	State Zip
Parent's Name/Legal Guardian		Home & Cell Numbers
Work Name		Work Number
Address		
Parent's Name/Legal Guardian		Home & Cell Numbers
Address		
Work Name		Work Number
Address		
Emergency Contact Person(s)	Address, Relationship to Child	Telephone Number
1.		
2.		
Person(s) to whom child may be released	Address, Relationship to Child	Telephone Number
Name of Child's Physician/Medical Care Provider	Address	Telephone Number
Password, or question and answer, to confirm release of child:		
Special Disabilities (if any)	Allergies (including medication reaction)	
Medical or Dietary information necessary in an emergency situation	Medication, special conditions	
Child Health Insurance carrier and <u>policy number</u>	Initial here to grant Center Staff and Emergency Medical Personnel permission to access health records:	
Parent's Signature is required for <u>each</u> item below to indicate parental consent		
Obtaining emergency medical care	Administration of minor first aid	
Walks and Trips	Photographs of Child	

If a court ordered custody arrangement is in effect, a copy of the legal document must be attached. Please attach a copy of parent or guardian's MCCC class schedule, if parent is a student.

Signature of parent or guardian

Date

Update: Signature of parent or guardian

Date