Carriage House
CHILDREN'S CENTER

EMERGENCY INFORMATION/PARENTAL CONSENT

CHILD'S NAME	**Birth Date**
Address	
PARENT/LEGAL GUARDIAN NAME	**Home Telephone Number:** **Cell Number:**
Address	
Business Name	**Business Telephone Number**
Address	
PARENT/LEGAL GUARDIAN NAME	**Home Telephone Number:** **Cell Number:**
Address	
Business Name	**Business Telephone Number**
Address	
EMERGENCY CONTACT PERSON(S) – (*OTHER THAN PARENTS*) NAME & TELEPHONE NUMBER WHEN CHILD IS IN CARE **(1)**	
(2)	
PERSON(S) TO WHOM CHILD MAY BE RELEASED – NAME, ADDRESS & TELEPHONE NUMBER WHEN CHILD IS IN CARE **(1)**	
(2)	
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 situation	Medication, special conditions
Additional information on special needs of child	
Health Insurance Coverage for Child or Medical Assistance Benefits	Policy Number (**REQUIRED**)
PARENT'S SIGNATURE AND DATE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT	
Obtaining Emergency Medical Care	Admin. of Minor First-Aid Procedures
Walks and Trips	Wading/Swimming
Transportation by the facility	Photographing or filming for publicity or news features

Parent/Guardian Signature_____ Date_____

Six Month Review Parent Signature _____ Date_____