

EMERGENCY CONTACT / CHILD RELEASE FORM

CHILD'S NAME _____ BIRTH DATE _____

COMPLETE ADDRESS _____

MOTHER'S NAME / LEGAL GUARDIAN _____ CELL PHONE # _____

COMPLETE ADDRESS _____

EMAIL ADDRESS _____ HOME PHONE # _____

BUSINESS NAME _____ BUSINESS PHONE # _____

ADDRESS _____

FATHER'S NAME / LEGAL GUARDIAN _____ CELL PHONE # _____

COMPLETE ADDRESS _____

EMAIL ADDRESS _____ HOME PHONE # _____

BUSINESS NAME _____ BUSINESS PHONE # _____

ADDRESS _____

WHAT IS THE BEST PHONE NUMBER TO REACH A PARENT/GUARDIAN DURING THE DAY?

1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____

EMERGENCY CONTACT PERSON(S) and PERSON(S) TO WHOM CHILD MAY BE RELEASED (not including parents/legal guardians listed above)

*By listing an individual on the emergency contact list, the parent is also permitting the child to be released to the said individual)

Name Complete Address (REQUIRED) Phone # when child is in care

- 1. _____
2. _____
3. _____
4. _____
5. _____

NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER

_____ PHONE # _____

ADDRESS _____

SPECIAL DISABILITIES (IF ANY) _____

ALLERGIES (INCLUDING REACTION TO MEDICATION) _____

MEDICAL/DIETARY INFO NECESSARY IN EMERGENCY SITUATION _____

MEDICATION, SPECIAL CONDITIONS _____

ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD _____

HEALTH INSURANCE COVERAGE FOR CHILD _____
or MEDICAL ASSISTANCE BENEFITS

POLICY NUMBER (REQUIRED) _____

IT IS VERY IMPORTANT THAT THIS FORM IS FILLED OUT COMPLETELY. IF YOU NEED MORE SPACE, PLEASE USE THE REVERSE SIDE OF THIS FORM TO ELABORATE AS MUCH AS NECESSARY ON ANY OF THE ABOVE ITEMS. PLEASE READ OVER THIS ENTIRE FORM INCLUDING ALL BULLETS ON THE REVERSE SIDE OF THIS SHEET. AFTER READING, COMPLETING, AND UNDERSTANDING ALL INFORMATION ON THIS FORM, BOTH PARENTS'/GUARDIANS' SIGNATURES ARE REQUIRED UPON ENROLLING AND EVERY SIX MONTHS THEREAFTER.

SEE REVERSE
updated 8/18

