|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Emergency Contact and Parental Consent | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | |  |  | | | | | M | F |
| Child’s Name  Address | | |  | Date of Birth  Mother Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Father Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Sex | |
|  | | |  |  | | | | | | |
| Parent’s/Guardian’s Name | | |  | Parent’s/Guardian’s Name | | | | | | |
|  |  |  |  |  | | |  |  | | |
| Home Phone |  | Work Phone |  | Home Phone | | |  | Work Phone | | |
|  | | |  |  | | | | | | |
| Address | | |  | Address | | | | | | |
|  | | |  |  | | | | | | |
| Business, address | | |  | Business address | | | | | | |
|  | | |  |  | | | | | | |
| Alternative Emergency Contacts/ Alternative Pick up | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | |  |  | | | | | | |
| Primary Emergency Contact | | |  | Secondary Emergency Contact | | | | | | |
|  |  |  |  |  | | |  |  | | |
| Home Phone |  | Work Phone |  | Home Phone | | |  | Work Phone | | |
|  | | |  |  | | | | | | |
| Address | | |  | Address | | | | | | |
|  | | |  |  | | | | | | |
| City, ST ZIP Code | | |  | City, ST ZIP Code | | | | | | |
|  | | |  |  | | | | | | |
| Medical Information | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Hospital/Clinic Preference | | | | | | | | | | |
|  | | | | |  |  | | | | |
| Physician’s Name | | | | |  | Phone Number | | | | |
|  | | | | |  |  | | | | |
| Insurance Company | | | | |  | Policy Number | | | | |
|  | | | | | | | | | | |
| Allergies/Special Health Considerations/Special Needs | | | | | | | | | | |
|  | | | | | | | | | | |
| I grant permission for Grace Assembly Daycare, Preschool and Kindergarten to provide or arrange for medical treatment (including administration of minor first aid) and /or transportation to an evacuation site and/or medical facility in case of a fire, natural disaster or emergency. I also grant permission for my child, identified above to be released to any of the emergency contacts I have designated above if I am unable to pick them up. | | | | | | | | | | |
|  | | | | |  |  | | | | |
| Parent’s/Guardian’s Signature | | | | |  | Date | | | | |
|  | | | | | | | | | | |
| I give permission for my child to go on field trips (including swimming and wading). I release Grace Assembly Daycare, Preschool and Kindergarten and individuals from liability in case of accident during activities related to Grace Assembly, as long as normal safety procedures have been taken. | | | | | | | | | | |
|  | | | | |  |  | | | | |
| Parent’s/Guardian’s Signature | | | | |  | Date | | | | |
|  | | | | |  |  | | | | |
| Parent’s/Guardian’s Signature (Periodic Review) | | | | |  | Date | | | | |