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| --- |
| Emergency Contact and Parental Consent |
|  |
|  |  |  | M | F |
| Child’s NameAddress |  | Date of BirthMother 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 |