

# Kid Time Emergency Contact / Parental Consent Form

Child's Name \_\_\_\_\_ School: \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Parent/Legal Guardian #1 \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address (if different from child) \_\_\_\_\_ Email: \_\_\_\_\_

Business Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell #: \_\_\_\_\_

Work Address \_\_\_\_\_

Parent/Legal Guardian #2 \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address (if different from child) \_\_\_\_\_ Email: \_\_\_\_\_

Business Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell #: \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contacts (not parents/guardians)

\_\_\_\_\_ Contact Number(s) \_\_\_\_\_

\_\_\_\_\_ Contact Number(s) \_\_\_\_\_

\_\_\_\_\_ Contact Number(s) \_\_\_\_\_

Person(s) to Whom Child May Be Released

Name: \_\_\_\_\_ Contact Number(s) \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Number(s) \_\_\_\_\_

Address: \_\_\_\_\_

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 Name and Number (required) \_\_\_\_\_ Group Number \_\_\_\_\_

**PARENT'S SIGNATURE is Required for each Item Below to Indicate PARENTAL CONSENT**

Obtaining Emergency Care \_\_\_\_\_ Admin. of Minor First Aid \_\_\_\_\_

Walks and Trips \_\_\_\_\_ Swimming \_\_\_\_\_ N/A \_\_\_\_\_

Transportation by the Facility \_\_\_\_\_ Wading \_\_\_\_\_ N/A \_\_\_\_\_

**Periodic Review**

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent/guardian