

Emergency Contact Information and Consent Form

Child's Name:	Birth Date (month/date/year):	
Parent/Guardian#1:	Relationship:	
Telephone: Home:	Work:	Cell:
Parent/Guardian#2:	Relationship:	
Telephone: Home:	Work:	Cell:

Emergency Contacts (to be contacted and to whom child may be released if guardian is unavailable):

Parent/Guardian#1:	Relationship:	
Telephone: Home:	Work:	Cell:
Parent/Guardian#2:	Relationship:	
Telephone: Home:	Work:	Cell:

Out-Of-State Emergency Contacts (for contact in the event of a natural disaster):

Parent/Guardian#1:	Relationship:	
Telephone: Home:	Work:	Cell:
Parent/Guardian#2:	Relationship:	
Telephone: Home:	Work:	Cell:

Additional Persons to whom child may be released:

Name: _____ Relationship: _____ Telephone: _____
 Name: _____ Relationship: _____ Telephone: _____

Preferred Sources of Medical Care for Your Child:

Physician's Name	
Address:	Telephone:
Dentist's Name	
Address:	Telephone:
Hospital Name	
Address:	Telephone:

Child's Health Insurance: (Please check type of coverage)

- Medicaid (General) Medicaid(Health Options) Plan: _____
 WA Basic Health Plus CHIP CHP
 Private-Name of your Health Care Plan: _____ ID# _____

Special Conditions, Disabilities, Allergies, or Medical Emergency Information:

PARENT/GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES:

Parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charge not covered by insurance. I give consent for the emergency contact person listed above TO ACT IN MY BEHALF until I am available. I agree to review and update this information whenever a change occurs and at least every program year.

Parent/Guardian Signature: _____ **Date:** _____