

Emergency Contact/Parental Consent Form

Name of Child	Age	Sex	Race	Birthdate	Grade Entering
Complete Address			Siblings in Lancaster Rec Child Care		
Primary Name/Legal Guardian				Home Phone #	
Complete Home Address				Cell Phone #	
Employer Name				Business Phone #	
Complete Employer Address				Email Address	
Secondary Name/Legal Guardian				Home Phone #	
Complete Home Address				Cell Phone #	
Employer Name				Business Phone #	
Complete Employer Address				Email Address	
In Case of Emergency (parents not available) contact person(s) to whom my child may be released:					
Name			Phone #		
Complete Address					
Name			Phone #		
Complete Address					
Marital Status of Custodial Parent(s) or Guardians: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced					
Are there any custody issues we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____					
Name of Child's Physician/Medical Care Provider				Phone #	
Complete Address					
Special Disabilities (f any)			Allergies (including medication reaction)		
Medical or Dietary Information Necessary in an Emergency Situation			Medication, Special Conditions		
Additional Information on Special Needs of Child			Hospital Choice		
Health Insurance Coverage for Child or Medical Assistance Benefits			Policy Number (required)		
<i>Parent's Signature if Required for Each Item Below to Indicate Parental Consent</i>					
Obtaining Emergency Medical Care			Admin. Of Minor First-Aid Procedures		
Walks and Trips			Swimming		
Transportation			Apply Sunscreen		

Signature of Parent or Guardian

Date

Six-Month Review: Signature of Parent or Guardian

Date