

APPLICATION & EMERGENCY CONTACT/PARENTAL CONSENT FORM

Child's Name: _____ Gender: _____ Birth date: _____

Home School District: _____ County: _____

Child Lives with Mom: _____ Dad: _____ Both: _____ Primary Language: _____ Ethnic Group: _____

Mother's Name/Legal Guardian: _____ Birth date: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer's Name: _____ Employer's Phone: _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

Mother's/Legal Guardian's Email Address: _____

Father's Name/Legal Guardian: _____ Birth date: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer's Name: _____ Employer's Phone: _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

Father's/Legal Guardian's Email Address: _____

PERSON (S) TO WHO CHILD MAY BE RELEASED AND/OR CONTACTED IN CASE OF EMERGENCY (OTHER THAN PARENTS): **Please complete full address and list ALL phone numbers (home/work/cell)**

Name Address

Phone (H) Phone (W) Phone (C)

Name Address

Phone (H) Phone (W) Phone (C)

Name Address

Phone (H) Phone (W) Phone (C)

Name Address

Phone (H) Phone (W) Phone (C)

Name Address

Phone (H) Phone (W) Phone (C)

NAME & ADDRESS OF CHILD'S PHYSICAL/MEDICAL CARE PROVIDER:

_____ Telephone: _____

HEALTH INSURANCE:

Insurance Name

Policy#

Group#

EMERGENCY MEDICAL INFORMATION: _____

Preferred Hospital: _____

ALLERGIES: _____ DIET RESTRICTIONS: _____

ALLERGIC REACTIONS: _____

IF APPLICABLE,
I GIVE PERMISSION TO THE CALVARY TEMPLE ECLC TO ADMINISTER THE FOLLOWING
MEDICATIONS, SCUNSCREEN, AND CREAMS:

SIGNATURE

EPI PEN PROVIDED: _____ EXPIRATION DATE: _____

INHALER PROVIDED: _____

NEBULIZER NEEDED: _____

SUNSCREEN PROVIDED: _____ EXPIRATION DATE: _____

DIAPER CREAM PROVIDED: _____ EXPIRATION DATE: _____

PARENT INITIAL IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT:

Obtaining Emergency Medical Care: _____ Water Play: _____ Walks: _____

Administration of Minor First-Aid Procedures: _____ Posting of Allergies/Diet Restrictions: _____

Photos of child for use by Center: _____

Transportation by the Facility (School Age ONLY, if needed): _____

Signature of Parent or Guardian

Date

Do Not Sign until REVIEW: (semi-annual review of information)

I reviewed and corrected, if necessary, the above emergency information.

Signature of Parent or Guardian