



EMERGENCY CONTACT & PARENTAL CONSENT FORM

CHILD'S NAME		BIRTHDATE
ADDRESS (CITY, STATE, ZIP)		
PLEASE USE AN ASTERISK * TO INDICATE FIRST PARENT NUMBER TO CALL		
MOTHER'S NAME		
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER
FATHER'S NAME		
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER
MEDICAL EMERGENCY PERSON (Other than parent/guardian)		
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER
LATE PICKUP CONTACT PERSON (Other than parent/guardian) If child is not picked up by 6:00pm, the Cheshirt Police Dept. will be contacted.		
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER
PERSON(S) TO WHOM CHILD MAY BE RELEASED		
①		
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER
②		
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER
③		
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		PHONE NUMBER
HEALTH INSURANCE COVERAGE FOR CHILD		POLICY NUMBER
NAME OF CHILD'S DENTAL PROVIDER		PHONE NUMBER
ALLERGIES/HEALTH CONCERNS		
PARENT/GUARDIAN SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
PERMISSION TO OBTAIN EMERGENCY MEDICAL CARE	PARENT/GUARDIAN SIGNATURE	PREFERRED HOSPITAL
PERMISSION TO ADMINISTOR MINOR FIRST AID	PARENT/GUARDIAN SIGNATURE	PERMISSION TO PHOTOGRAPH FOR SCHOOL USE ONLY
PERMISSION FOR WALKS & FIELD TRIPS (3-yr-olds/walks only)	PARENT/GUARDIAN SIGNATURE	PERMISSION TO TRANSPORT FOR TRIPS BY STAFF/PARENTS
SIGNATURE OF PARENT/GUARDIAN	PARENT/GUARDIAN SIGNATURE	DATE