

**SMALL WORLD DAYCARE**

**EMERGENCY CONTACT/PARENTAL CONSENT FORM**

Please write neatly!

CHILD'S NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

ADDRESS \_\_\_\_\_

MOTHER'S NAME/LEGAL GUARDIAN \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

FATHER'S NAME/LEGAL GUARDIAN \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

EMERGENCY CONTACT PERSON(S) & PERSON(S) TO WHOM THE CHILD MAY BE RELEASED  
 PARENTS AND LEGAL GUARDIANS LISTED ABOVE WILL BE CALLED FIRST.  
 CONTACT PERSONS LISTED BELOW WILL BE CALLED IN THE ORDER LISTED.

NAME	ADDRESS (The full address must be listed)	TELEPHONE NUMBER WHEN CHILD IS IN CARE	CELL PHONE
1.			
2.			
3.			

CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CHILD'S HEALTH INSURANCE COVERAGE \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

I give Small World permission to openly post any of the following information regarding my child.

PARENT SIGNATURE \_\_\_\_\_

SPECIAL DISABILITIES \_\_\_\_\_ MEDICATION PERSCRIBED TO CHILD \_\_\_\_\_

MEDICATION ALLERGIES \_\_\_\_\_ ANY OTHER ALLERGIES \_\_\_\_\_

FOOD ALLERGIES/SPECIAL DIETS \_\_\_\_\_

If your child has food allergies an additional paper must be filled out from your child's physician

MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION

\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE IS REQUIRED IN EACH OF THE FOLLOWING BOXES TO INDICATE PARENTAL CONSENT

Obtaining Emergency Medical Care (required)	Administration of Minor First- Aid procedures (required)	Transportation by the facility	Walks and trips
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PARENT/GAURDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

REVIEW SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_