



## Emergency consent form

Child's given name(s): \_\_\_\_\_ Last name: \_\_\_\_\_ Sex: M  F

Date of Birth: \_\_\_\_\_ Address: (if different to parents/guardians): \_\_\_\_\_

Custody court orders? Yes  No  (if yes, please provide details and copies):

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### Parent/Guardian 1

First Name: \_\_\_\_\_

Home phone#: \_\_\_\_\_

Home address: \_\_\_\_\_

### Parent/Guardian 2

First Name: \_\_\_\_\_

Home phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

### Child's primary address

Cell phone #: \_\_\_\_\_

Work name: \_\_\_\_\_

Work address: \_\_\_\_\_

Relation to child: \_\_\_\_\_

### Child's primary address

Cell phone #: \_\_\_\_\_

Work name: \_\_\_\_\_

Work address: \_\_\_\_\_

Relation to child: \_\_\_\_\_

### Allergies

Does your child have any allergic reactions? As an example, food, medicine, grass, sunscreen, etc. Yes  No

If yes, please specify and complete the Allergy Details and action plan:

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### Medical Conditions

Does your child have any medical conditions? As an example, asthma, convulsions, etc. Yes  No

Does your child take regular medication? As an example, Ventolin, etc. Yes  No

Is your child's immunization up to date: Yes  No  if no, please provide details:

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**Authority to collect/emergency contact: (Do not include parent(s) name(s))**

I, \_\_\_\_\_, authorize the daycare personnel at \_\_\_\_\_ give the following persons access to my child.

Please ensure these emergency contact people are willing and able to collect your child in the event of an emergency. At least two contact names must be completed before enrollment commences.

**Contact/Collect**

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Home phone#: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Work phone#: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Signature: \_\_\_\_\_

Initials: \_\_\_\_\_

**Contact/Collect**

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Home phone#: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

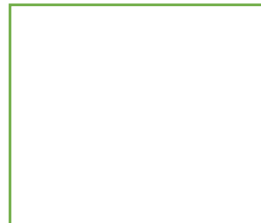
Work phone #: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Signature: \_\_\_\_\_

Initials: \_\_\_\_\_

**Child's Photo**



Approx. Age: \_\_\_\_\_

Birth Mark: \_\_\_\_\_

Color Hair/Eyes: \_\_\_\_\_

Height/ Weight: \_\_\_\_\_

Ears pierced: \_\_\_\_\_

Glasses: \_\_\_\_\_

**Medical Practitioner**

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Health care #: \_\_\_\_\_

**Medical Emergency**

In the case of accident or emergency, every effort will be made to contact the parent(s) immediately. In the event that my child requires medical attention, I authorized the daycare staff at \_\_\_\_\_ to obtain medical (dental/hospital/ambulance) assistance, and I agree to pay any medical/transport costs involved.

Parent/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent/Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_