Emergency Contact and Parental Consent Form

Child's Name: Birthdate:

Address:

Parent Name:

Primary & Alternate Phone Numbers:

Parent Name:

Parent's Address, if different:

Primary & Alternate Phone Numbers:

Emergency Contact Name & Phone:

Emergency Contact Name & Phone:

Emergency Contact Name & Phone:

Additional Persons to Whom Child May be Released Name & Phone:

Child's Doctor/Medical Office Name, Address, & Phone:

Health Insurance Plan and Policy Number for Emergency Care:

Medical, Dietary, or Health-related Needs:

Parent Sign Each Item to Give Permission:

I give permission for obtaining medical care.

I give permission for walking trips.

I give permission for administration of minor first aid procedures.

I give permission for teachers to apply diaper cream, sunscreen, and bug spray only if provided by me and labeled with my child's name.

I give permission for Childspace teachers to take, store online, and use photos of my child within the program only (for example: Brightwheel, e-newsletter, Facebook secret group).

I give permission for Childspace to use photos of my child for marketing and publicity materials.

This form is valid through August 31, 2021.