

PARENTS: Respond in each area on this 2-sided form; Use N/A where necessary. Leave no blanks. Thank you.

This form is a DPW State requirement (Title 55 Chapter 3270.124).

EMERGENCY CONTACT / PARENTAL CONSENT FORM

Class:

CHILD'S FIRST NAME	CHILD'S LAST NAME	(Nickname)	GENDER M/F	BIRTHDATE
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STREET ADDRESS	TOWN/CITY	STATE	ZIP CODE
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Parent 1/Legal Guardian First Name	Parent 1/ Legal Guardian Last Name	HOME PHONE NUMBER:
		CELL PHONE NUMBER:
		EMAIL ADDRESS:

STREET ADDRESS	TOWN/CITY	STATE	ZIP CODE
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BUSINESS NAME	BUSINESS PHONE NUMBER	EXT	BUSINESS CELL
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STREET ADDRESS	TOWN/CITY	STATE	ZIP CODE
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Parent 2 / Legal Guardian First Name	Parent 2/ Legal Guardian Last Name	HOME PHONE NUMBER:
		CELL PHONE NUMBER:
		EMAIL ADDRESS:

STREET ADDRESS	TOWN/CITY	STATE	ZIP CODE
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BUSINESS NAME	BUSINESS PHONE NUMBER	EXT	BUSINESS CELL
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STREET ADDRESS	TOWN/CITY	STATE	ZIP CODE
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CHILD LIVES WITH BOTH PARENTS? (yes or no)	CHURCH ATTENDING	SCHOOL DISTRICT IN WHICH YOU LIVE
OTHER? [Other?]		

NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	TELEPHONE NUMBER
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STREET ADDRESS	TOWN/CITY	STATE	ZIP CODE
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SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)
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MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS
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ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD

HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)
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PARENT'S SIGNATURE (Not initials) IS REQUIRED FOR THE NEXT 9 BOXES BELOW TO INDICATE PARENTAL CONSENT

OBTAINING EMERGENCY MEDICAL CARE	ADMINISTRATION OF MINOR FIRST-AID PROCEDURES	ADMIN. OF BEE STING SWABS if needed
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WALKS AND TRIPS	SWIMMING (Camp K-4th grade - Summer only)	PERMISSION TO USE SUNSCREEN
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TRANSPORTATION BY THE FACILITY	WADING (TB, PB, CB, Preschool & Kindergarten only)	PERMISSION TO USE DIAPER CREAM
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SIGN & DATE ON THE ✓ MARKS AFTER COMPLETING SIDE 2	PERIODIC REVIEW (Updated signatures are required every 6 months)
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I acknowledge that all information detailed on both sides of this form is both accurate and up-to-date.

✓ _____ Signature of Parent or Guardian	✓ _____ Date
_____	_____
Signature of Parent or Guardian	Date

STUDENT'S NAME: _____

EMERGENCY CONTACT PERSON(S) other than Parent/Legal Guardian

EMERGENCY CONTACT PERSON(S) (NAME)	Relationship	STREET ADDRESS			Pick up Y, N, E*	PHONE NUMBER #1	Phone Type H, W, C
		TOWN/CITY	STATE	ZIP		PHONE NUMBER #2	
					PHONE NUMBER #3 <small>Ext.</small>		
1.							
2.							
3.							
4.							
5.							
6.							
7.							
Anyone who provides the code word listed is authorized to pickup in extraordinary circumstances.				Enter Family code word:			

***The pickup column indicates to whom your child may be released.**

- “Yes” indicates a person authorized to pick up your child.
- “No” indicates that a person may be contacted, but your child may not be released to them.
- “E” indicates a person to whom your child may be released in extraordinary circumstances only.

In the event of a serious emergency, the school may implement a controlled release of students for their safety and well being. Should this be necessary, the school will only release your child to persons authorized on this form, or if necessary, to emergency medical personnel. Upon release of you child, a record shall be kept of the name of the authorized person, the time released and expected destination.

It is important you notify the above person(s) that they are listed as an emergency contact and that you inform them of the related responsibilities.