

**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:**

<b>CHILD'S FIRST NAME</b>		<b>CHILD'S LAST NAME</b>		(Nickname)	<b>GENDER M/F</b>	<b>BIRTHDATE</b>
STREET ADDRESS		TOWN/CITY		STATE		ZIP CODE
<b>Parent 1/Legal Guardian First Name</b>		<b>Parent 1/ Legal Guardian Last Name</b>		HOME PHONE NUMBER: CELL PHONE NUMBER: EMAIL ADDRESS:		
STREET ADDRESS		TOWN/CITY		STATE		ZIP CODE
<b>BUSINESS NAME</b>				<b>BUSINESS PHONE NUMBER</b>	<b>EXT</b>	<b>BUSINESS CELL</b>
STREET ADDRESS		TOWN/CITY		STATE		ZIP CODE
<b>Parent 2 / Legal Guardian First Name</b>		<b>Parent 2/ Legal Guardian Last Name</b>		HOME PHONE NUMBER: CELL PHONE NUMBER: EMAIL ADDRESS:		
STREET ADDRESS		TOWN/CITY		STATE		ZIP CODE
<b>BUSINESS NAME</b>				<b>BUSINESS PHONE NUMBER</b>	<b>EXT</b>	<b>BUSINESS CELL</b>
STREET ADDRESS		TOWN/CITY		STATE		ZIP CODE
<b>CHILD LIVES WITH BOTH PARENTS?</b> (yes or no)		<b>CHURCH ATTENDING</b>		<b>SCHOOL DISTRICT IN WHICH YOU LIVE</b>		
<b>OTHER?</b> [Other?]						
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>				<b>TELEPHONE NUMBER</b>		
STREET ADDRESS		TOWN/CITY		STATE		ZIP CODE
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)				
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION				MEDICATION, SPECIAL CONDITIONS		
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD						
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS				POLICY NUMBER (REQUIRED)		
<b>PARENT'S SIGNATURE (Not initials) IS REQUIRED FOR THE NEXT 9 BOXES BELOW TO INDICATE PARENTAL CONSENT</b>						
OBTAINING EMERGENCY MEDICAL CARE		ADMINISTRATION OF MINOR FIRST-AID PROCEDURES			ADMIN. OF BEE STING SWABS if needed	
WALKS AND TRIPS		SWIMMING (Camp K-4 <sup>th</sup> grade - Summer only)			PERMISSION TO USE SUNSCREEN	
TRANSPORTATION BY THE FACILITY		WADING (TB, PB, CB, Preschool & Kindergarten only)				
<b>SIGN &amp; DATE ON THE</b> ✓ <b>MARKS AFTER COMPLETING SIDE 2</b>				<b>PERIODIC REVIEW (Updated signatures are required every 6 months)</b>		
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.							
<b>Anyone who provides the code word listed is authorized to pickup in extraordinary circumstances.</b>				<b>Enter Family code word:</b>			

**\*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.**