

**Wilson Child Care**  
**EMERGENCY CONTACT/PARENTAL CONSENT FORM**

**Child's Full Name** (as it appears on their birth certificate) \_\_\_\_\_  
**Child prefers to be called:** \_\_\_\_\_ **Child's Date of Birth:** \_\_\_\_\_ Male **OR** Female  
**Child's Legal Address:** \_\_\_\_\_

**Is English the First Language Spoken: Yes No Other languages spoken in the home** (circle all that apply):  
Spanish Russian Cambodian Vietnamese Chinese (specify) \_\_\_\_\_ Other (specify) \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ Relationship to child: Father Mother Guardian Other  
Address: \_\_\_\_\_ Home phone# \_\_\_\_\_  
Email Address: \_\_\_\_\_ Mobile phone# \_\_\_\_\_  
Employer: \_\_\_\_\_ Work phone# \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ Relationship to child: Father Mother Guardian Other  
Address: \_\_\_\_\_ Home phone# \_\_\_\_\_  
Email Address: \_\_\_\_\_ Mobile phone# \_\_\_\_\_  
Employer: \_\_\_\_\_ Work phone# \_\_\_\_\_

**List of Person(s) to whom your child may be released to or contacted in case of an emergency:**  
(Other than a Parent/Guardian):

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Contact number: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Contact number: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Contact number: \_\_\_\_\_

**Name of Child's Physician:** \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

**Health Insurance Name:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Special Disabilities** (if any): \_\_\_\_\_

**Allergies, reactions and any medications:** \_\_\_\_\_  
\_\_\_\_\_

**Any court order restricting custody to one parent?** \_\_\_\_\_ *If yes, a copy of the order is required.*

By signing below, you give your consent that the information in this document is correct. Consent is also given to the following items: obtaining emergency medical care, taking walking trips, administration of minor first aid and being transported by the facility. I understand that the Wilson School District and Wilson Child Care is in no way financially obligated for medical treatment.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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1<sup>st</sup> - Six Month Review Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> - Six Month Review Signature: \_\_\_\_\_ Date: \_\_\_\_\_