

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:** _____

1st - Six Month Review Signature: _____ Date: _____

2nd - Six Month Review Signature: _____ Date: _____