



Treasure House Child Development Center Emergency Contact/Parental Consent Form

Child's Name _____ Date of Birth _____ Sex _____

Address _____

Mother/Legal Guardian Information	Father/Legal Guardian Information
Name	Name
Home Address	Home Address
City/State/Zip	City/State/Zip
Home Telephone Number	Home Telephone Number
Cell Phone Number	Cell Phone Number
Email Address	Email Address
Employer's Name	Employer's Name
Employer's Address	Employer's Address
Employer's City/State/Zip	Employer's City/State/Zip
Work Phone Number/Ext. or Dept.	Work Phone Number/Ext. or Dept.

EMERGENCY CONTACT PERSON(S) (Other Than Parents)

Name	Name
Home Telephone Number	Home Telephone Number
Work Telephone Number	Work Telephone Number
Cell Phone Number	Cell Phone Number

PERSON(S) TO WHOM CHILD MAY BE RELEASED

Name	Telephone Number
Street Address	Cell Phone Number
City/State/Zip	Work Telephone Number
Relationship To Child	I authorize this person to sign Incident Reports and Behavioral Reports on my behalf. ___ Yes ___ No Signature

Name	Telephone Number
Street Address	Cell Phone Number
City/State/Zip	Work Telephone Number
Relationship To Child	I authorize this person to sign Incident Reports and Behavioral Reports on my behalf. ___ Yes ___ No Signature

Name	Telephone Number
Street Address	Cell Phone Number
City/State/Zip	Work Telephone Number
Relationship To Child	I authorize this person to sign Incident Reports and Behavioral Reports on my behalf. ___ Yes ___ No Signature

Medical Information

Child's Physician's Name	Telephone Number
Address	City/State/Zip
Health Insurance Coverage For Child or Medical Assistance Benefits	Policy Number (Mandatory)



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Special Disabilities _____

Allergies (Including Medication Reaction) _____

Medical or Dietary Information Necessary in an Emergency Situation _____

Medication, Special Conditions _____

Additional Information on Special Needs of Child _____

WRITTEN CONSENT IS GIVEN FOR ITEMS BELOW (Parent/Legal Guardian SIGNATURE Required)

Obtaining Emergency Medical Care (Required for Admittance Per DHS Regulation)	Signature
Administration of Minor First Aid Procedures (Required for Admittance Per DHS Regulation)	Signature
Emergency Medical Transportation (Required for Admittance Per DHS Regulation)	Signature
I give permission for my child to be transported by the center to a designated agency via bus or designated approved mode of transportation per the Center's Emergency Plan	Signature
If child is transported by the Center, are there any special instructions for care (i.e. motion sickness, seizures) during transportation?	___ Yes ___ No Instructions:
Authorization to post child's allergies and special needs in the center	Signature
Walks	Signature
Field Trips	Signature
Logging of daily observations	Signature
Developmental Screening (Ages & Stages, Child Service Report)	Signature
Developmental Assessment (The Ounce Scale, Work Sampling, Child Service Report)	Signature
Photograph Release	Signature
Audio Video Release	Signature
ELN child and family information input	Signature
Homework Supervision	Signature
Center Newsletter Announcements	Signature
*Treasure House Child Development Centers do not take children swimming or wading.	

Signature of Parent/Legal Guardian

Date

FOR OFFICE USE ONLY

Child's File Periodic Review Confirmation

Parent/Legal Guardian Signature _____
 Parent/Legal Guardian Signature _____
 Parent/Legal Guardian Signature _____
 Parent/Legal Guardian Signature _____

Date _____
 Date _____
 Date _____
 Date _____