

EMERGENCY CONTACT/PARENTAL CONSENT FORM

TCDN 1/03

CHILD'S NAME	BIRTH DATE
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ADDRESS

MOTHER'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER
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ADDRESS	E-MAIL
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BUSINESS NAME	OCCUPATION	BUSINESS TELEPHONE NUMBER
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ADDRESS	CELL BEEPER
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FATHER'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER
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ADDRESS	E-MAIL
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BUSINESS NAME	OCCUPATION	BUSINESS TELEPHONE NUMBER
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ADDRESS	CELL BEEPER
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EMERGENCY CONTACT PERSON (S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE

PERSON (S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE

NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	TELEPHONE NUMBER
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ADDRESS

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 IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

<input checked="" type="checkbox"/> OBTAINING EMERGENCY MEDICAL CARE ✓	<input checked="" type="checkbox"/> ADMIN. OF MINOR FIRST - AID PROCEDURES ✓
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<input checked="" type="checkbox"/> WALKS AND TRIPS ✓	<input checked="" type="checkbox"/> SWIMMING ✓
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<input checked="" type="checkbox"/> TRANSPORTATION BY THE FACILITY ✓	<input checked="" type="checkbox"/> PHOTOGRAPHS ✓
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PERIODIC REVIEW

SIGNATURE OF PARENT OR GUARDIAN	DATE
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SIGNATURE OF PARENT OR GUARDIAN	DATE
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