



Emergency Contact Information and Consent Form

Child's Name:				Birth Date:			
Parent/Guardian #1:				Relationship:			
Telephone:		Home:		Work:		Other:	
Parent/Guardian #2:				Relationship:			
Telephone:		Home:		Work:		Other:	

Emergency Contacts (to be contacted and to whom child may be released if guardian is unavailable):

Name #1:				Relationship:			
Telephone:		Home:		Work:		Other:	
Name #2:				Relationship:			
Telephone:		Home:		Work:		Other:	

Out-of-State Emergency Contacts (for contact in the event of a natural disaster):

Name #1:				Relationship:			
Telephone:		Home:		Work:		Other:	

Additional Persons to Whom Child May be Released:

Name:		Relationship:		Telephone:	
Name:		Relationship:		Telephone:	

Preferred Sources of Medical Care for Your Child:

Physician's Name:			
Address:		Telephone:	
Dentist's Name:			
Address:		Telephone:	
Hospital's Name:			
Address:		Telephone:	

Child's Health Insurance:

Please check type of coverage:					
<input type="checkbox"/>	Medicaid (General)	<input type="checkbox"/>	Medicaid (Healthy Options) Plan:		
<input type="checkbox"/>	WA Basic Health Plus	<input type="checkbox"/>	CHIP	<input type="checkbox"/>	CHP
<input type="checkbox"/>	Private – Name of your Health Care Plan:		ID#		

Special Conditions, Disabilities, Allergies, or Medical Emergency Information:

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PARENT/GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES:

To parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above TO ACT IN MY BEHALF until I am available. I agree to review and update this information whenever a change occurs and at least every program year.

Parent/Guardian Signature:	Date: