

**PERRY HIGHWAY EVANGELICAL LUTHERAN PRE-KINDERGARTEN
EMERGENCY CONTACT / PARENTAL CONSENT FORM**

CHILD'S NAME: _____ BIRTH DATE: _____

ADDRESS: _____ E-MAIL: _____

MOTHER'S NAME/LEGAL GUARDIAN: _____ HOME PHONE NUMBER: _____

ADDRESS: _____ CELL PHONE NUMBER: _____

BUSINESS NAME: _____ BUSINESS PHONE NUMBER: _____

FATHER'S NAME/LEGAL GUARDIAN: _____ HOME PHONE NUMBER: _____

ADDRESS: _____ CELL PHONE NUMBER: _____

BUSINESS NAME: _____

EMERGENCY CONTACT PERSON(S) _____ PLEASE LIST NAMES, ADDRESS, TELEPHONE & CELL PHONE NUMBERS

PERSON(S) TO WHOM CHILD MAY BE RELEASED _____ PLEASE LIST NAMES, ADDRESS, TELEPHONE & CELL PHONE NUMBERS

NAME OF CHILD'S PHYSICIAN/ AND MEDICAL CARE PROVIDER

DOCTOR'S NAME: _____ TELEPHONE NUMBER: _____

ADDRESS: _____

SPECIAL DISABILITIES (IF ANY): _____

ALLERGIES (INCLUDING MEDICATION REACTION): _____

MEDICATION, SPECIAL CONDITIONS: _____

MEDICAL OR DIETARY INFORMATION
NECESSARY IN AN EMERGENCY SITUATION: _____

ADDITIONAL INFORMATION ON
SPECIAL NEEDS OF CHILD: _____

HEALTH INSURANCE COVERAGE FOR CHILD OR
MEDICAL ASSISTANCE BENEFITS: _____ POLICY NUMBER (REQUIRED): _____

**PARENT SIGNATURE IS REQUIRED BELOW TO INDICATE PARENTAL CONSENT TO
OBTAINING EMERGENCY MEDICAL CARE AND ADMIN. OF MINOR FIRST AID PROCEDURES**

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____