

APPLICATION & EMERGENCY CONTACT/PARENTAL CONSENT FORM

Child's Name: _____ Birthdate: _____

Home School District: _____ County: _____

Call first for Illness/Emergency: Mom: ____ Dad: ____ Other: ____ Primary Language: _____

Mother's Name/Legal Guardian: _____ Birthdate _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Employer's Name: _____ Employer's Phone: _____ ext ____

Employer's Address: _____ City: _____ State: ____ Zip: _____

Mother's/Legal Guardian's Email Address: _____

Father's Name/Legal Guardian: _____ Birthdate _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Employer's Name: _____ Employer's Phone: _____ ext ____

Employer's Address: _____ City: _____ State: ____ Zip: _____

Father's/Legal Guardian's Email Address: _____

PERSON (S) TO WHOM CHILD MAY BE RELEASED AND/OR CONTACTED IN CASE OF EMERGENCY
(in order of preference of emergency contact): **Please complete full address and list ALL phone numbers**

1. _____
Name Address

Phone (H) Phone (W) Phone (C)

2. _____
Name Address

Phone (H) Phone (W) Phone (C)

3. _____
Name Address

Phone (H) Phone (W) Phone (C)

4. _____
Name Address

Phone (H) Phone (W) Phone (C)

NAME & ADDRESS OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER:

_____ Telephone: _____

HEALTH INSURANCE:

Insurance Name

Policy #

Group #

EMERGENCY MEDICAL INFORMATION:

Preferred Hospital:

ALLERGIES:

ALLERGIC REACTIONS:

DIET RESTRICTIONS: ___ NO PORK ___ NO BEEF ___ NO CHICKEN ___ NO FISH ___ NO MILK

___ OTHER DIET RESTRICTIONS PLEASE LIST:

I GIVE PERMISSION TO THE CUDDLE ZONE TO ADMINISTER THE FOLLOWING MEDICATIONS, SUNSCREEN, CREAMS:

SIGNATURE

EPI PEN PROVIDED: _____

EXPIRATION DATE: _____

INHALER PROVIDED: _____

EXPIRATION DATE: _____

NEBULIZER NEEDED: _____

SUNSCREEN PROVIDED: _____

EXPIRATION DATE: _____

DIAPER CREAM PROVIDED: _____

EXPIRATION DATE: _____

PARENT INITIAL IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT:

Obtaining Emergency Medical Care: _____

Water Play: _____

Walks: _____

Administration of Minor First-Aid Procedures: _____

Posting of Allergies/Diet Restrictions: _____

Photos of child for use by Center: _____

I have received a Parent Handbook, which includes the inclusion, suspension and expulsion policies _____

Transportation by the Facility (Field trips age 3 and up): _____

Signature of Parent or Guardian

Date

Do Not Sign until February (semi-annual review of information)

I reviewed and corrected, if necessary, the above emergency information.

Signature of Parent or Guardian

Date