

**APPLICATION & EMERGENCY CONTACT/PARENTAL CONSENT FORM**

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Home School District: \_\_\_\_\_ County: \_\_\_\_\_

Child Lives with Mom: \_\_\_\_\_ Dad: \_\_\_\_\_ Both: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Mother's Name/Legal Guardian: \_\_\_\_\_ Birth date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employer's Phone \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name/Legal Guardian: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PERSON(S) TO WHOM CHILD MAY BE RELEASED AND/OR CONTACTED IN CASE OF EMERGENCY (OTHER THAN PARENT): Please complete full address and list ALL phone numbers**

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Phone (H) Phone (W) Phone (C)

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Phone (H) Phone (W) Phone (C)

\_\_\_\_\_  
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: \_\_\_\_\_

ALLEGIES: \_\_\_\_\_ DIET RESTRICTIONS: \_\_\_\_\_

ALLERGIC REACTIONS: \_\_\_\_\_  
\_\_\_\_\_

IF APPLICABLE,  
I GIVE PERMISSION TO THE LIFE ELC TO ADMINISTER THE FOLLOWING MEDICATIONS, SUNSCREEN,  
AND CREAMS:

\_\_\_\_\_  
SIGNATURE

EPI PEN PROVIDED: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

INHALER PROVIDED: \_\_\_\_\_

NEBULIZER NEEDED: \_\_\_\_\_

SUNSCREEN PROVIDED: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

DIAPER CREAM PROVIDED: \_\_\_\_\_

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

Obtaining Emergency Medical Care: \_\_\_\_\_ Walks/Trips: \_\_\_\_\_

Administration of Minor First-Aid Procedures: \_\_\_\_\_

Transportation by the Facility: \_\_\_\_\_

\_\_\_\_\_  
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