

EMERGENCY CONTACT/PARENTAL CONSENT FORM

TCDN 1/03

CHILDS 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
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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
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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 CHILDS 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

OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROCEDURES
WALKS AND TRIPS	SWIMMING-WADING
TRANSPORTATION BY THE FACILITY	PHOTOGRAPHS

SIGNATURE OF PARENT OR GUARDIAN	DATE
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