

Munchkinland Child Care Contact and Consent Form

Child's Name _____ Date of Birth _____

Child's Physician's Name _____ Phone Number _____

Address _____

Name of Health Insurance Plan _____

Policy # _____ Subscriber's Name _____

List any specific conditions, disabilities, allergies or medical information for emergency situations.

Contact information

Parent/ Legal Guardian #1 _____

Home Phone# _____ Work Phone # _____

Cell / Pager # _____ Relationship to child _____

Parent/ Legal Guardian #2 _____

Home Phone# _____ Work Phone # _____

Cell / Pager # _____ Relationship to child _____

Emergency Contact #1 _____

Home Phone# _____ Work Phone # _____

Cell / Pager # _____ Relationship to child _____

Emergency Contact # 2 _____

Home Phone# _____ Work Phone # _____

Cell / Pager # _____ Relationship to child _____

Emergency Contact # 3 _____

Home Phone# _____ Work Phone # _____

Cell / Pager # _____ Relationship to child _____

Parent / Legal Guardian Consent for and Agreement for Emergencies

As parent / guardian I give consent to have my child receive first aid by Munchkinland Child Care staff and if necessary be transported to the hospital to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contacts listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

Parent legal Guardian Signature and Date _____