



# Emergency Contact / Parental Consent Form

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**ALL boxes MUST BE FILLED IN** - Nothing can be blank - N/A may be used.

★ All pick-up individuals listed will need their own Brightwheel PIN.

Child's Name		Child's Birthday	
Full Address			
Mother's/Legal Guardian Name		Phone Number	
Full Address			
Work Name		Work Phone Number	
Work Address			
Father's/Legal Guardian Name		Phone Number	
Full Address			
Work Name		Work Phone Number	
Work Address			
Emergency Contact Person(s)	Name	Phone Number	
Person(s) Name to whom the child may be released to	Name	Full Address	Phone Number
Name of child's Physician/Medical Care Provider		Phone Number	
Address			
Special Disabilities (If any)		Medical or dietary information necessary in a medical situation	
Allergies (Including medication) & reaction		Medications or Special Conditions	
Additional information on the special needs of the child			
Child's Health Insurance Provider		Policy Number <b>(REQUIRED)</b>	
Code for pick-ups by those not listed - for use in an <b>emergency only!</b>		Dietary Restrictions(for any reason)	
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH OF THE FIVE ITEMS BELOW TO INDICATE PARENTAL CONSENT</b>			
Emergency Care	Walks/Trips	Transportation	
First Aid	Swim/Wade	N/A	<b>REVISED 7-2023</b>