

**MAIN LINE REFORM TEMPLE
2017-2018 SCHOOL YEAR
EMERGENCY CONTACT/PARENTAL CONSENT FORM**

CHILD'S NAME		BIRTHDATE	
ADDRESS		PHONE NUMBER	
NAME/LEGAL GUARDIAN		NAME/LEGAL GUARDIAN	
BUSINESS ADDRESS		BUSINESS ADDRESS	
BUSINESS PHONE NUMBER		BUSINESS PHONE NUMBER	
CELL PHONE NUMBER		CELL PHONE NUMBER	
E-mail Address:		E-mail Address:	
EMERGENCY CONTACT PERSONS (other than parents)			
1. NAME _____ RELATIONSHIP _____ PHONE NUMBER _____			
2. NAME _____ RELATIONSHIP _____ PHONE NUMBER _____			
3. NAME _____ RELATIONSHIP _____ PHONE NUMBER _____			
PERSONS TO WHOM CHILD MAY BE RELEASED (other than parents)			
1. NAME _____ RELATIONSHIP _____ PHONE NUMBER _____			
ADDRESS _____			
2. NAME _____ RELATIONSHIP _____ PHONE NUMBER _____			
ADDRESS _____			
3. NAME _____ RELATIONSHIP _____ PHONE NUMBER _____			
ADDRESS _____			
NAME AND ADDRESS OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER <u>(FILL IN ALL INFO)</u>			
NAME/ADDRESS _____			
TELEPHONE NUMBER _____			
HEALTH INSURANCE CO. AND POLICY #<u>(MUST BE COMPLETED)</u> _____			

LIST ANY DISABILITIES, ALLERGIES, MEDICAL REACTIONS, MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION, MEDICATION, SPECIAL CONDITIONS OR ANY ADDITIONAL INFORMATION ON SPECIAL NEEDS OF THE CHILD.			
TURN TO OTHER SIDE AND FILL IN!			

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT *REQUIRED	
OBTAINING EMERGENCY MEDICAL CARE	
ADMINISTRATION OF MINOR FIRST AID PROCEDURES	
WALKS AND TRIPS	
SWIMMING	
TRANSPORTATION BY THE FACILITY	
WADING	

Periodic Review (to be signed every 6 months)	
_____ Signature of Parent or Guardian	_____ Date
_____ Signature of Parent or Guardian	_____ Date
_____ Signature of Parent or Guardian	_____ Date