



**Emergency Contact Information and Consent Form**

**Child's Name:** \_\_\_\_\_

**Start date:** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Parent/Guardian: Name:** \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Address (work) \_\_\_\_\_

**Parent/Guardian: Name:** \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Address (work) \_\_\_\_\_

**Emergency Contacts** (to whom child may be released if guardian is unavailable)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Physician: Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Special Conditions, Allergies or Medical Emergency Information** (use reverse)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Consent and Agreement for Emergencies**

As parent/guardian, I consent to have my child receive first aid by Small Steps Early Learning Centre and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs.

**Parent/Guardian**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_