

JCAL ACADEMY CENTER FOR EARLY CHILDHOOD EDUCATION
PARENTAL CONSENT AND EMERGENCY INFORMATION

EMERGENCY DATA

Child's Name: _____ Date of Birth: _____

Address: _____

FATHER'S DATA

MOTHER'S DATA

Name: _____ Name: _____

Home Telephone: _____ Home Telephone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Employer's Name/Address: _____ Employer's: _____

Work Phone/Ext. or Dept.: _____ Work Phone/Ext. or Dept.: _____

PERSON TO BE CONTACTED IN AN EMERGENCY IF PARENTS ARE NOT AVAILABLE

Name: _____ Home Telephone: _____

Address: _____ Work Telephone: _____

City/State/Zip: _____ Relationship To Child: _____

Physician's: _____ Telephone: _____

Street Address, City/State/Zip: _____

Dentist's Name: _____ Telephone: _____

Street Address, City/State/Zip: _____

Health Insurance Company Name and Policy/Identification Number: _____

Food Allergies: _____

Other Allergies: _____

Physical Disabilities: _____

OTHERS WHO MAY PICK UP CHILD

Name: _____ Telephone: _____

Address: _____ Relationship To Child: _____

Name: _____ Telephone: _____

Address: _____ Relationship To Child: _____

Name: _____ Telephone: _____

Address: _____ Relationship To Child: _____

WRITTEN CONSENT IS GIVEN FOR ITEMS BELOW (Parent signature required)

_____ Administration of Minor First Aid (REQUIRED FOR ADMITTANCE PER DPW REGULATIONS)

_____ Emergency Medical Treatment (REQUIRED FOR ADMITTANCE PER DPW REGULATIONS)

_____ Emergency Medical Transportation (REQUIRED FOR ADMITTANCE PER DPW REGULATIONS)

_____ Administration of Prescription Medications

(Current instructions form Physician must be provided)

_____ Administration of Nonprescription Medication - Circle All That May Be

Administered. Dosage and List Product Brand Name (Acetaminophen

(Tylenol), Diaper Ointment, Sunscreen, Other: _____

_____ Administration of Special Dental or Dietary Needs List All That Apply
and Portion Size/ Dosage

_____ Walking Excursions off Premises

_____ Field Trips

_____ Homework Supervision

_____ If Child is Transported By The Facility, Are There Any Special instructions

For Care (examples: Motion Sickness, Seizures During Transportation?)

___ Yes ___ No if Yes, Please Specify: _____

Signature of Parent or Guardian

Date

CHILD'S FILE REVIEW CONFIRMATION

Date _____ Parent/Guardian Signature: _____

Date _____ Parent/Guardian Signature: _____

Date _____ Parent/Guardian Signature: _____

Date _____ Parent/Guardian Signature: _____

