

Date: _____

Great New Beginnings

Parental Consent and Emergency Information

Child's Name: _____ D.O.B. ____/____/____

Address: _____

Primary Language Spoken at Home: _____

Parent 1:

Name: _____

Home Telephone: _____

Cell Phone: _____

Email: _____

Home Address: _____

Parent 2:

Name: _____

Home Telephone: _____

Cell Phone: _____

Email: _____

Home Address: _____

Employer's Name/Address:

Work Phone/Ext. or Dept. _____

Hours of Employment: _____

Employer's Name/Address:

Work Phone/Ext. or Dept. _____

Hours of Employment: _____

Person to be contacted in an Emergency if Parents are not available:

Name: _____

Address: _____

City/State/Zip: _____

Home Telephone: _____

Work Telephone: _____

Relationship to Child: _____

Unrestricted Pick Up Persons (these persons may pick up child at any time):

Name: _____

Address: _____

City/State/Zip: _____

Home Telephone: _____

Work Telephone: _____

Relationship to Child: _____

Name: _____

Address: _____

City/State/Zip: _____

Home Telephone: _____

Work Telephone: _____

Relationship to Child: _____

Others who may pick up child with Parent Verbal/Written Authorization on the day of pick up:

Name: _____

Address: _____

City/State/Zip: _____

Home Telephone: _____

Work Telephone: _____

Relationship to Child: _____

1) _____
NAME
PHONE
2) _____
NAME
PHONE
3) _____
NAME
PHONE

Order of Emergency Contacts

Name: _____

Home Telephone: _____

Address: _____

Work Telephone: _____

City/State/Zip: _____

Relationship to Child: _____

Physician's Name: _____ Telephone: _____

Street Address: _____

Dentist's Name: _____ Telephone: _____

Street Address: _____

Health Insurance Company Name and Policy/Identification Number:

Allergies/Dietary Restrictions: _____

Physical/Developmental Disabilities (if so, IEP or 504 Plan is provided to GNB):

Written Consent Is Given For Items Below: (Parent signature required)

_____ Administration of Minor First Aid

_____ Emergency Medical Treatment

_____ Emergency Medical Transportation

_____ Administration of Prescription Medication (**Updated Form on File**)

_____ Administration of Non-Prescription Medications (**Updated Form on File**)

_____ Permitted to use classroom computer, tablets and other electronic devices approved by administration (Children two years and older only)

_____ Walking Excursions (outside fence line, but still on GNB property)

_____ May have special snacks provided by other families to celebrate special events.

_____ Swimming (summer camp only)

_____ Homework Supervision

_____ Photographs (for Facebook, marketing, classroom activities which may include an end of the school year CD and assessments)

_____ If a child is transported by the facility, are there any special instructions for care (example: motion sickness, seizures, etc.) during transportation? _____ Yes _____ No

If yes, please specify: _____

Parent Signature: _____ Date: ____/____/____