



CHILDREN'S SAFE STAY, INC.

DAY CARE AND PRE SCHOOL

P.O. Box 152, Sparrowbush, NY 12780

845-858-4923, www.childrendefestay.com

EMERGENCY CONTACT AND PARENTAL CONSENT FORM

Child's Name: _____ Birth Date: _____
Address: _____

Mother's Name / Legal Guardian: _____ Home Phone Number: _____
Address: _____

Business Name: _____ Business Phone Number: _____
Business Address: _____

Father's Name / Legal Guardian: _____ Home Phone Number: _____
Address: _____

Business Name: _____ Business Phone Number: _____
Business Address: _____

Emergency Contact Person(s)	Address	Phone Number (When child is in care)
_____	_____	_____
_____	_____	_____

Person(s) To Whom Child May Be Released	Address	Phone Number (When child is in care)
_____	_____	_____
_____	_____	_____

Name of Child's Physician/Medical Care Provider: _____ Phone Number: _____
Address: _____

Special Disabilities (If Any): _____

Allergies (Incl. Medication Reactions): _____

Medical or Dietary Information Necessary in an Emergency Situation: _____

Medication, Special Conditions: _____

Additional Information on Special Needs of Child: _____

Health Insurance for Child or Medical Assistance Benefits: _____

Policy Number (Required): _____

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

Obtaining Emergency Medical Care

Administration of Minor First Aid Procedures

Walks and Trips

Swimming

Transportation By the Facility

Wading

PERIODIC REVIEW

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE