



Rainbow Corner Early Learning Program Emergency Contact* PARENTAL CONSENT FORM

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| Program: (Please Circle) Preschool or Playgroup | |
| Child's Name | Date of Birth |
| Nickname | |
| Address | |
| Family E-Mail Address (for preschool correspondence) | |

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|-----------------------|--------------|
| Mother/Legal Guardian | |
| Address | |
| Home Phone | Mobile Phone |
| Email Address | |
| Place of Employment | |
| Work Number | Hours |

| | |
|-----------------------|--------------|
| Father/Legal Guardian | |
| Address | |
| Home Phone | Mobile Phone |
| E-mail Address | |
| Place of Employment | |
| Work Number | Hours |

Emergency Contacts (If parents cannot be reached)

| | Name | Phone number during school hours |
|----|------|----------------------------------|
| 1. | | |
| 2. | | |
| 3. | | |

People to whom the child may be released

| | Name | Address | Phone number during school hours |
|----|------|---------|----------------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |



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| Disabilities or concerns (if any) |
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| Allergies (including medication reactions) |
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| Medical or Dietary information necessary in an emergency situation |
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| Physician | Phone |
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| Medications or Special Conditions |
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| Additional Information on special needs of child |
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Health Insurance/Medical Assistance Benefits for student

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|----------------|---------|----------|
| Insurance Name | Group # | Policy # |
|----------------|---------|----------|

Parent's initials are required for each item below to indicate parental consent

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| Transition conferences and transfer of child records to new school or child care facility are available with written request by parent(s)_____ |
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| Obtaining Emergency medical care_____ |
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| Administration of Minor-Aid procedures_____ |
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|------------|----------------------------|-------------------------------|
| Walks_____ | Playground Activities_____ | Application of sunscreen_____ |
|------------|----------------------------|-------------------------------|

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| Permission to photograph child for center publications and public relations_____ |
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|---------------------------------|------|
| Signature of Parent or Guardian | Date |
|---------------------------------|------|

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|---------------------------------|------|
| Signature of Parent or Guardian | Date |
|---------------------------------|------|