



Emergency Contact Information and Consent Form

Child's Name _____ Birth date _____ Start date _____

Home Address _____

Parent/Guardian 1 Name: _____ Email _____

Home Phone _____ Work _____ Cell _____

Address (work) _____

Parent/Guardian 1 Name: _____ Email _____

Home Phone _____ Work _____ Cell _____

Address (work) _____

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

Name _____ Relationship _____

Home Phone _____ Work _____ Cell _____

Name _____ Relationship _____

Telephone: Home _____ Work _____ Cell _____

Physician Name _____

Address: _____ Telephone _____

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

Does your child need Epi-pen? Yes No

Parent Handbook and Policies; I have read and understood the policies in the Parent Handbook. I agree to follow these guidelines and not doing so may lead to termination.

Signature _____ Date _____

Parent/Guardian Consent and Agreement for Emergencies, as parent/guardian, I consent to have my child receive first aid by Aurora 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.

I have completed this registration form to the best of my knowledge, without knowingly withholding any relevant or important information pertaining to my child.

Parent/Guardian
Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____