

Child's Full Name		Birth date
Child Lives With - Name	Home Address	
Work Phone: (Mom or Guardian if Applicable)		Name of Employer & Location:
Work Phone: (Dad or Guardian if Applicable)		Name of Employer & Location:
Name:	Name:	
Cell Phones:	Cell Phones:	
Home Phone:	Home Phone:	
Email Address: _____	Email Address: _____	
Email Address: _____	Email Address: _____	
<i>When parent/guardian is unavailable, Love To Grow On may call and release my child to an emergency contact listed below. You must inform these contacts about this plan).</i>		
Emergency Contact	Address	Home Phone:
Relationship to Child:		Work Phone:
		Cell:
Emergency Contact	Address	Home Phone:
Relationship to Child:		Work Phone:
		Cell:
Child's Doctor & Clinic	Address	Phone
Preferred Hospital – Only for Non Life Threatening Situation:		
Child's Dentist	Address	Phone
Health Insurance Coverage in case of an emergency: Policy Holder _____		
Company _____		Policy Number _____
Allergies/Medical Concerns:	Order of protection on file (circle one)	
<input type="checkbox"/> ICCP	Yes No	

I, the undersigned, hereby give my consent, in the event of an emergency, as determined by Love To Grow On staff, for the above named child to be taken by ambulance to the nearest appropriate facility for all necessary medical care as recommended by the physician/dentist. I accept responsibility for any costs arising from such treatment which is not covered by insurance and/or Medical Assistance. I hereby consent to having this form available in the classroom, and in the Love To Grow On office files.

Parent/Guardian Signature **Date** **Witness (required if parent unable to sign)** **Date**

